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ABSTRACT

A 1-year demonstration project was conducted by the United States Department of Agriculture's Food and Nutrition Service (FNS) to help remove or reduce barriers to the participation of low-income family day care homes in the Child and Adult Care Food Program (CACFP). FNS funded six grantees to conduct a demonstration of three different strategies. The Ohio Hunger Task Force in Cleveland, Ohio, and the Greater Nashua Child Care Centers in Nashua, New Hampshire, conducted a strategy designed to overcome licensing barriers that prevent family day care homes from participating in CACFP. The Planning Council in Norfolk, Virginia, and the Office of Early Childhood Development in the District of Columbia focused on alleviating barriers by coordinating CACFP with state and local child care programs. The New Mexico Department of Health and Environment and the West Virginia Department of Education tested a third strategy, designed to reduce educational, language, or distance barriers to CACFP participation. All projects showed a net increase in the number of participating providers 6 months after the projects ended. (Three appendixes provide lists of demonstration project contacts, and barriers and facilitators to participation, as well as a summary of the study methodology. (MDM)

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ED 368 462

Low Income Family Day Care Home Demonstration

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Final Report

PS 022132

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Low Income Family Day Care Home Demonstration
Final Report

by:

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and

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March 30, 1993

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JoAnn Kuchak of Macro International served as Project Director and provided research and management expertise throughout the course of the demonstration. Carolyn Rutsch served as team leader for the project. Carolyn assisted in the study design and visited several of the demonstration sites. Lisa Hammer and Julie Carroll also assisted in collecting data from demonstration sites. JoAnn, Lisa and Sara Sullivan analyzed the data, developed presentation formats for the findings, and wrote the final report. Cathy Olshefski provided extensive assistance in preparing the final report.

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I. Overview of CACFP

The Child and Adult Care Food Program (CACFP) provides Federal funds for meals served to children and elderly or functionally-impaired adults in nonresidential day care facilities. Prior to 1987, the program was exclusively for children; in 1987, certain adult day care centers were allowed to participate in the program. Federal assistance is provided in the form of reimbursements for meals served. Homes can get reimbursed for up to three meal services, one of which must be a snack.

Child care centers are eligible to participate if they are licensed public or private nonprofit institutions or if they are for-profit institutions that receive compensation for child care under Title XX of the Social Security Act for at least 25 percent of the children in their care. Other eligible institutions are Head Start programs, settlement houses, and recreation centers. Centers receive meal reimbursement based on the income[1] levels of families whose children are served.

To receive CACFP reimbursements, family day care homes must meet State licensing requirements (where these are imposed), or be approved by a State or local agency, and have a sponsoring organization. Sponsors are directly reimbursed for administrative expenses, depending on the number of homes served, and for meals served by homes. Sponsors distribute meal reimbursements to the day care homes. Unlike child care centers, there are no means tests for children in participating day care homes except for the provider's own children. Rather, the homes are reimbursed at a flat rate for each meal or snack.

II. Purpose of the Demonstration

The low-income family day care home demonstration was mandated by P.L. 101-147, the "Child Nutrition and WIC Reauthorization Act of 1989." The legislation required that the Food and Nutrition Service:

> . . . test innovative approaches to remove or reduce barriers to participation in the (CACFP) regarding family or group day care homes that operate in low-income areas or that primarily serve low-income children. (Section 105, Part (b)(2)(B)(2)).

[1]Children from families at 185 percent of poverty or less qualify for free or reduced-price meals in centers.

Prior research indicated that the majority of children in FDCHs who receive CACFP benefits are from middle income families.[2] Therefore, in an effort to target children of low-income families, FNS talked with CACFP sponsors, two CACFP State agencies, FDCH representatives, child care researchers and other members of the child care community to identify barriers to participation by FDCHs serving these children. The panel reported several barriers:

- the lack of licensed FDCHs in low-income areas;
- the cost of recruiting and retaining low-income homes, particularly in rural areas;
- a general lack of information and understanding of CACFP;
- cultural, language, and educational barriers; and
- the lack of interagency coordination among child care programs serving the poor.

FNS funded six grantees to conduct a demonstration of different strategies designed to overcome these barriers. Each grantee was required to identify a "demonstration target area", a definable geographic area known to have a high proportion of low-income households.

III. Demonstration Strategies

Strategy A addressed licensing barriers that affect participation in CACFP. The panel suggested that FDCHs operating in low-income areas have not been licensed or approved, and therefore, are not eligible for CACFP. Identified barriers to licensing included (1) the cost of obtaining a license, which may include costs of licensing fees and/or materials to bring homes up to licensing standards; (2) language barriers, which complicate the licensing process for persons who speak English as a second language; and (3) educational barriers, which prevent potential FDCH providers from tackling the licensing process.

In an effort to overcome these barriers to CACFP participation, activities addressing Strategy A were tested in Cleveland, Ohio by the Ohio Hunger Task Force and Nashua, New Hampshire by the Greater Nashua Child Care Centers (GNCCC). Their goals were to identify unlicensed homes and provide assistance, mentoring and financial support for obtaining licenses, as well as ongoing support to continue in the CACFP program. Licensed providers participating in CACFP served as mentors to encourage others to participate in both demonstrations.

[2]Study of the Child Care Food Program, Final Report, August 1988. Abt Associates, Inc., Cambridge, MA.

Strategy B focused on alleviating various program barriers to low-income FDCH participation by coordinating CACFP with various State and local child care programs. The panel indicated that CACFP is often administered by an agency separate from those administering child care subsidy programs and other aspects of child care services (licensing agents). Strategy B was tested in Virginia by The Planning Council and in the District of Columbia by the Office of Early Childhood Development.

Strategy C was designed to reduce educational, language or distance barriers to low-income FDCH participation. The panel suggested that traditional program outreach strategies may not be effective in recruiting low-income minority providers and providers with limited education. In addition, cost-effective outreach and recruitment strategies are needed to serve rural areas. This strategy was tested in West Virginia and New Mexico.

Although there were three distinct strategies in this demonstration, there is considerable overlap between the activities in each. This is because a single activity can produce multiple results and some sponsors chose to address more than one barrier.

A summary of the demonstrations, their target areas and sponsors, and target populations is shown in Exhibit I.1.

IV. Research Questions and Evaluation Overview

The evaluation of the low-income FDCH demonstration was guided by the following three research questions:

1. What strategies were pursued to implement the demonstration?

2. Were these strategies effective in removing barriers to participation and recruiting homes that serve low income children and/or operate in low income areas?

3. What factors contributed to their success or failure?

This demonstration was conducted for one year in the six demonstration sites. FNS administered and monitored the demonstration. A pre-post case study approach was used, in which the growth in CACFP participation in the target area was compared with growth in the sponsorship or the State as a whole. Post-demonstration data were collected for comparison with pre-demonstration data. The pre-demonstration data consisted of numbers of homes and children immediately prior to the beginning of the demonstration in the demonstration target areas and in the State and/or sponsorship area covered by the demonstrator. Post-demonstration data collection consisted of the following activities:

- personal interviews with representatives of the two State Agency demonstrators, their sponsors, and with the two sponsors that conducted demonstrations;

- telephone interviews with one sponsor demonstrator and one State Agency demonstrator that had a delayed start date and did not recruit any FDCHs during the demonstration period;

- personal interviews with a sample of 50 FDCH providers who demonstrators identified as having enrolled in CACFP as a result of the demonstration; and

- a mail survey with phone followup completed by 104 parents whose children were in the care of the 50 sampled providers.

Exhibit I-1: Overview of Demonstration

OHIO HUNGER TASK FORCE, CLEVELAND, OHIO	The sponsor wanted to address licensing barriers to low-income providers who were more difficult to recruit and retain; target areas were the West Side, with low-income Hispanic providers who either did not speak English or spoke English as a second language; and the East Side, with low-income African American providers who had poor literacy skills.
GREATER NASHUA CHILD CARE CENTER, NASHUA, NEW HAMPSHIRE	Only middle income providers had been targeted prior to this demonstration. The Hispanic population was rising in this area, and it was felt that an effort to alleviate licensing barriers and recruit low-income and Hispanic providers would be beneficial.
THE PLANNING COUNCIL, VIRGINIA	The sponsor wanted to address the licensing barriers of low-income providers by coordinating with other agencies and developing a legislative proposal to ease the licensing process in Virginia. The target populations were low-income providers throughout the State, beginning with the area surrounding the sponsoring agency in Norfolk, and fanning out throughout the State.
OFFICE OF EARLY CHILDHOOD DEVELOPMENT, DISTRICT OF COLUMBIA	Ward 8 of the District of Columbia was chosen because of its high percentage of children in families with incomes below the poverty level and the lack of a CACFP sponsor to serve the area. Coordination among government and child care agencies was the strategy proposed to identify and recruit a sponsor for this area that in turn would assist in the licensing process and recruit providers into CACFP.
NEW MEXICO STATE AGENCY	The State of New Mexico is very rural, and its population has high concentrations of low-income Hispanics and Native Americans; in 1990 only two States had a higher poverty rate than New Mexico. The sponsor wanted to increase the FDCH enrollment in two areas that had very few or no providers on CACFP.
WEST VIRGINIA STATE AGENCY	West Virginia is a rural State with a mountainous terrain that isolates family day care providers. In 1990, only six States had a higher poverty rate than West Virginia. The State Agency wanted to develop outreach and technical assistance strategies to recruit providers in target areas that had low growth in CACFP participation from 1985 to 1990.

V. Report Organization

The remainder of this report is organized as follows:

- Chapter II describes the demonstrators and the local factors that might have influenced the demonstration outcomes;
- Chapter III addresses implementation of the demonstration;
- Chapter IV describes the initial and sustained effect of the demonstration strategies; and
- Chapter V describes the newly recruited FDCHs and children.

The appendices identify a contact person from each project, a discussion of barriers and facilitators to increasing participation of low-income FDCHs, and a summary of the study methodology.

Chapter II

Context of Family Day Care and CACFP in the Demonstration Target Areas

Chapter II. Context of Family Day Care and CACFP in the Demonstration Target Areas

This chapter describes the context within which the family day care home demonstration operated. The demonstration sites, sponsors, and target areas are discussed in detail, as are specific barriers each attempted to overcome during the project. Site-specific qualities such as population density, terrain, ethnic diversity of residents, socioeconomic profile and cultural ethos are examined in relation to interpretation of the study findings. The purpose of this discussion is to describe factors that may have led to the demonstration's success or failure. A demonstration site profile is included for each of the six sites in the study.

I. . Ohio Hunger Task Force, Cleveland, OH

The Ohio Hunger Task Force, a nonprofit agency, has been a CACFP sponsor for over 10 years, and is the largest CACFP food sponsor in the State. Its' service area spans 50 counties and includes 1,900 providers. Ohio Hunger Task Force serves about one-third of the 6,000 family day care home providers identified by the State. However, they are not the only food sponsor in the demonstration area—12 food sponsors serve the Cuyahoga County area, which includes West and East Cleveland, the demonstration target areas.

Targeting low-income families was a priority before and during the demonstration. Since Ohio Hunger Task Force coordinates with the Ohio Department of Human Services (DHS), which is the agency that certifies family day care providers that receive State or Federal reimbursement for child care, they have access to the low-income population. In the sponsorship area, 73 percent of the children are White, 25 percent are Black, and 2 percent are Hispanic. However, the demonstration target areas, West and East Cleveland, were reported by the sponsors to be predominantly Hispanic and Black. West and East Cleveland represent a combination of urban and suburban areas. Cuyahoga County has the highest per capita income of any county in Ohio, they also have the highest poverty rate for urban Ohio counties; the poverty rate in Cuyahoga County increased by 42.6 percent during the 1980s. Over 25 percent of the population in the target areas is living at or below the poverty level[1] and 40 percent of the CACFP family day care home providers submitted claims for their own children.

To participate in CACFP, it is necessary for a provider to either become County-certified through DHS, or to obtain alternate approval through the Task Force (for care of up to six children-Type B) or to be licensed (for care for more than six children - Type A). County certification can be viewed to be a simpler process—all inspections are provided through the County, and once certified, providers can immediately become eligible for participation in CACFP. However, there is a significant waiting period to receive necessary inspections that are prerequisites to County certification. Providers who are not certified by the County go through an alternative approval process that requires fire and health inspections, as well as a medical examination. While the Task Force oversees this process, each inspection is conducted by

[1] According to Poverty Indicators, a publication of the Council for Economic Opportunities in Greater Cleveland.

separate agencies or individuals. To participate in CACFP, it is necessary to be certified or to be alternately approved as a Type B provider to provide child care to six children or to be licensed as a Type A provider for more than six children. Since the majority of the providers were newly licensed and had not recruited many children, there was no need for Type A licensure in the demonstration target area.

Ohio Hunger Task Force perceived the following barriers to participation in the Cleveland area: arranging and obtaining health inspections and fire inspections, acquiring funding for required small home improvements to bring homes up to licensing standards, obtaining materials for non-English speakers or illiterate providers, and lack of knowledge of CACFP. Lack of training or technical assistance was also a problem; however, this was not viewed to be as serious as the others above.

Exhibit II-1: Profile of Ohio Hunger Demonstration	
Demonstration Agency	Ohio Hunger Task Force (nonprofit)
Demonstrator's Service Area	50 counties
Target Area	West Cleveland and East Cleveland
Number of CACFP Providers in Target Area Prior to Demonstration	West - 30 East - 97
Race/Ethnicity in Target Area	West Predominately Hispanic; East - Predominately Black

II. Greater Nashua Child Care Centers, Nashua, NH (GNCCC)

Greater Nashua Child Care Centers (GNCCC) in Nashua, New Hampshire, has provided child care services to greater Nashua for over 22 years.

In Nashua, the population is 98 percent White; however, there was a recent increase in the number of Hispanic families in the area. It was assumed by GNCCC that White families most often use licensed family day care homes, and Hispanic families use relative care. Licensing is required only if a provider is caring for more than three non-relative children. To participate in CACFP, a provider must be licensed, or if caring for less than three children, the provider must have received health and safety inspections. GNCCC wanted to recruit new providers and address barriers to CACFP participation. These barriers included: the process of licensing, which was seen as being intimidating and confusing; the lack of funds available to low-income providers to make needed improvements to their homes; and a language barrier, due to an increase in the Hispanic population.

In Nashua, zoning regulations do affect licensing. Providers with more than three children must go through a zoning process that is often found to be intimidating and costly. Obtaining health inspections needed for participation in CACFP was reported to be a major problem, while obtaining fire inspections was not. The only licensing barrier that seemed to vary in importance from demonstration to demonstration was zoning regulations.

GNCCC targeted selected census tracts with a poverty level of 50 percent or greater, Hispanic neighborhoods, and public housing units as demonstration target areas.

Exhibit II-2: Profile of Greater Nashua Demonstration

Demonstration Agency	Greater Nashua Child Care (GNCCC)
Demonstrator's Service Area	7 towns
Target Area	Nashua City limits - select census tracts
Number of CACFP Providers in Target Area Prior to Demonstration	1
Race/Ethnicity in Target Area	98% White; 1% Black; 1% Hispanic

III. The Planning Council, Norfolk, VA

The Planning Council is a nonprofit Human Services organization. They are a multistate sponsor, serving Virginia, Maryland, and the District of Columbia, and have been a CACFP sponsor for over 10 years. The demonstration target area was defined as the Norfolk, Portsmouth, Virginia Beach, Suffolk, North Hampton County, Accomac County, Isle of Wight, Newport News and Hampton areas of Virginia. In a related effort, The Planning Council received HUD funding to target providers in Federal housing projects in Norfolk, so The Planning Council felt the demonstration would be enhanced by these efforts since they already had familiarity with the targeted area and the needs of the population. The Planning Council wanted a vehicle to assist in raising quality of care, as well as increasing the number of family day care home providers. Specifically, recruiting low-income children was not attempted prior to the demonstration by The Planning Council; however, low-income children were known to be found in the HUD-assisted housing complexes. In the demonstration areas, The Planning Council reported that 57 percent of the children were White, 41 percent Black, and slightly more than 1 percent Asian and Hispanic. They are located in both urban and rural areas. The Planning Council maintains a database of types of care in its sponsorship area, and believes that the majority of care is provided by FDCHs. According to a publication of The Planning Council's Dependent Care Services Division, the various types of approvals in Virginia are:

- State Licensed Family Day Care Homes

- may have up to nine children with an assistant (own children under 6 included)
- two monitoring visits per year
- must comply with Minimum Standards from State of Virginia Regional Social Services Office
- no training requirements

- Licensed Family Day Care System Homes

  - licensed by Virginia Office of Social Services
  - may have up to eight children, nine with an assistant; child under 2 counts as two children (own children under 6 included)
  - four monitoring visits per year
  - twenty two hours of training within first 6 months; 2 hours quarterly thereafter
  - must comply with Minimum Standards from State of Virginia Regional Social Services Office
  - availability of group liability insurance policy and accident insurance on all enrolled children

- Social Services Certified Homes

  - certification by local Social Service Agencies for Title XX[2] children
  - may have up to nine children, depending upon local policy
  - two monitoring visits per year
  - training may be required depending upon locality
  - must comply with Minimum Standards from State of Virginia Regional Social Services Office

- Alternate Approval for Participation in CACFP

  - may have up to five children with only two under 3 years of age; own children under 14 included
  - must have fire and health inspection
  - three to four mealtime monitoring visits
  - one CACFP training session required per year
  - available only in limited areas of the State where fire and health inspections are available

- Unregulated Homes

[2]Title XX of the Social Services Block Grant (SSBG)

- may have up to five children plus five additional up to 3 hours before and 3 hours after school; own children do not count
- no monitoring visits
- no training requirement

Unregulated homes may provide child care, but they may not participate in CACFP.

To participate in CACFP, family day care homes must follow guidelines as stated above. The Planning Council reported the following as the main reasons family day care homes do not become licensed: the backlog of licensing applications, geographic isolation, lack of understanding by the providers regarding the advantage of becoming licensed, obtaining fire and health inspections, meeting zoning regulations, obtaining training, or meeting the cost of insurance. Primarily, they fear the government or outside interference.

Exhibit II-3: Profile of the Planning Council Demonstration

Demonstration Agency	The Planning Council
Demonstrator's Service Area	DC, MD, VA
Target Area	Norfolk, Portsmouth, Virginia Beach, Suffolk, North Hampton County, Accomac County, Isle of Wight, Newport News, and Hampton
Number of CACFP Providers in Target Area Served by 9 Sponsors Prior to Demonstration	749
Race/Ethnicity in Target Area	57% White; 41% Black; 1% Hispanic; 1% Asian

IV. Office of Early Childhood Development (OECD), Washington, D.C.

The Office of Early Childhood Development (OECD) is located within the District of Columbia's Department of Human Services. OECD is recognized for its success in implementing changes in the arena of child care, and assumed responsibility for the demonstration in close coordination with the D.C. Public Schools, which administers CACFP.

There are 43 CACFP FDCH providers and 7 sponsors in the District. OECD chose to participate in the demonstration to increase low-income FDCH participation in one of the city's eight wards. Ward 8 has a high number of low-income children, no CACFP sponsor and only nine CACFP FDCH participants (prior to the demonstration). The demonstration provided the funding and motivation to recruit more providers and a sponsor for this area. Prior to the demonstration, an advisory committee was formed to identify resources, provide technical assistance, review project progress, and make recommendations for implementation of similar efforts in other Wards.

The Greater Washington Research Center (GWRC) showed the median income of Ward 8 in 1990 to be $17,000, or 24 percent below the city median, the lowest of the eight city wards. Based on a needs assessment, as reported by OECD, the most common type of non-parental care in the target area is relative care. Licensing is required by law for family day care homes, as well as for participation in CACFP. OECD considered the following to be major barriers to licensing: lack of funding for small home safety improvements, little or no training or technical assistance available, failure on the part of providers to see the benefits of becoming licensed, fear of government or outside interference, providers not being aware that licensing is mandatory, and difficulty in completing the forms and menus required for participation in CACFP. In addition, OECD feels that the age regulations may be a barrier to participation. Currently, as reported by the D.C. Licensing Department, the minimum age for FDCH licensing is 18 years old, and the maximum is 70 years old (older providers may be licensed if they submit a statement from their physician regarding their health and capabilities). The maximum age requirement may present a problem for care provided by grandparents. The following were reported to be somewhat of a problem: obtaining fire and health inspections, insurance, and the backlog of licensing applications. As was the case in most of the other locations, zoning regulations did not present a problem.

Exhibit II-4: Profile of the Office of Early Childhood Development Demonstration	
Demonstration Agency	Office of Early Childhood Development
Demonstrator's Service Area	District of Columbia
Target Area	Ward 8
Number of Providers in Target Area Prior to Demonstration	9
Race/Ethnicity in Target Area	90% Black; 9% White; 1% Other

V. New Mexico Department of Health and Environment

At the time of the demonstration, the Department of Health and Environment, Family Nutrition Section, administered CACFP in the State of New Mexico.[3] The State defined its demonstration target area to include the entire sponsorship area of 2 of the 23 sponsors in New Mexico. These were Big Brothers/Big Sisters (BB/BS), which recently changed its name to Connections, and the ZIA, formerly referred to as Valencia Counseling. BB/BS serves primarily Native American communities, specifically the Navajo nation in Gallup and McKinley County. BB/BS had been a CACFP sponsor since May 1990. ZIA became a CACFP sponsor in 1990 and works in mostly rural, Hispanic areas, including Torrence, Guadalupe and Quay Counties.

[3]In July of 1992, responsibility for the administration of CACFP switched to the Department of Children, Youth and Families, Family Nutrition Bureau.

The main reason given by the State for choosing to participate in the demonstration was to recruit new providers in certain rural areas and thus increase the provider base. Traditional FDCH recruitment efforts typically involved distributing fliers (in Spanish, when appropriate), providing information through word-of-mouth, training, and meetings. Targeting low-income children was reported to have always been a focus in this area and not necessarily something that began as a result of the demonstration. The New Mexico State Agency reported that 53 percent of the children in the State were White, 2 percent Black, 37 percent Hispanic, and 8 percent Native American. However, in BB/BS, the majority of the children served are Native American, and in ZIA, the majority of the children served are Hispanic. Most of the children in New Mexico live in rural areas. The median income in the State was reported at $16,928, and reported to be $12,875 in the demonstration area. According to the New Mexico Preschool Project Task Force, most care in the target area is provided by relatives. Family day care homes in New Mexico can be licensed, registered (self-certification), or tribal-approved. However, licensing must be obtained if providers care for more than five non-resident children on non-federal land. Registration occurs for homes with fewer than five non-resident children. Tribal approval is also required for homes on Native American land. Neither zoning regulations nor fire inspections are perceived by the State to be a factor affecting CACFP family day care home participation in either of the demonstration areas since they are not required for registration; however they do affect participation in certain counties for providers who are licensed by the State.

Lack of funding for minor, home safety improvements (such as smoke detectors and fire extinguishers) was reported to be a major barrier in both target areas. Other problems reported were: limited materials available for non-English speaking and/or illiterate providers, and providers not seeing the benefit of becoming licensed. It was believed that providers in both sites feared government or outside interference; many are also not aware that registration or licensing is mandatory for CACFP participation. A problem was reported in both target areas concerning arranging and obtaining health inspections, as well as lack of available training or technical assistance. The backlog of licensing applications was not a problem in either area, and geographical isolation presented only some problems. Although overcoming geographical isolation was initially reported by the State to be a significant problem because of the additional costs associated with recruiting providers in rural areas, during the demonstration period the outreach workers concentrated on centralized locations, often in close proximity to one another. The State reported that they did not recruit throughout the entire target area and thus avoided extensive travel and associated costs. An additional major barrier reported by BB/BS was fear that additional income earned by CACFP would make them loose food stamp benefits, which they believe to be a concern of many providers in the State as a whole. In addition, in ZIA, providers found arranging and paying for tuberculosis tests for registration to be a barrier to participation.

Exhibit II-5: Profile of New Mexico State Agency Demonstration	
Demonstration Agency	Dept. of Health, Family Nutrition Section
Demonstrator's Service Area	State
Target Area	Areas covered by two sponsors—Torrence, Guadalupe, Quay, McKinley Counties, and Gallup
Number of CACFP Providers in Target Area Prior to Demonstration	60
Race/Ethnicity in Target Area	BB/BS is primarily Native American; ZIA is primarily Hispanic

VI. West Virginia Department of Education

The Department of Education administers CACFP in West Virginia. Nine sponsors and 1,065 FDCH providers participated in the program in West Virginia in 1991. The areas in the State that participated in the demonstration were: Morgantown, Mercer County, Charleston, Huntington, Raleigh and Summers Counties. In general, the State chose to participate because CACFP participation is low in West Virginia, which is believed to be attributable to the predominance of rural, isolated communities. The four participating sponsors felt it was important to raise awareness about the program and recruit new providers. In addition, the Huntington County sponsor was specifically concerned about improving the quality of family day care homes and meals served.

To recruit and train FDCH's for CACFP, the West Virginia State Agency annually sends letters to all Department of Human Resources providers. Since this letter is sent out in the fall of the year, the demonstration was not initiated until March to avoid the possibility that results from the demonstration would conflict with responses to the letter. According to the Demonstrator, sponsors in West Virginia generally conduct very little outreach or recruiting because of a limited staff and budget. In Morgantown, the sponsor, Catholic Community Services, regularly attends meetings of homemaker clubs and promotes the program, and also uses Extension Homemakers to recruit new providers, as well as distributing fliers and other promotional materials. However, the use of Extension Homemakers prior to the demonstration was very limited due to the lack of funds. Efforts of the Mercer County Economic Development Corporation are somewhat more low key, such as placing ads, relying on word-of-mouth, and conducting follow-up with new contacts. River Valley Child Development Services, recruitment is often accomplished through ads, public service announcements, and posters.

Catholic Community Services reported that 90 percent of the children in Morgantown come from low-income families, so specific targeting of low-income providers is not necessary. The age of the children in care ranged from infants to 12 years old. The State reported that the children are 96 percent White and 3 percent Black. This ratio is fairly consistent in Morgantown, Mercer County, and Huntington. However, Charleston, served by Central Child Care, which is a more urban area, reported the racial composition to be closer to 60 percent White and 40 percent

Black. According to information provided by the State, West Virginia is rated 49th per capita income in the nation and has the highest unemployment rate. At least 50 percent of the children in FDCHs are needy. This includes Title XX-placed children as well as eligible providers' children.

The type Catholic Community Services of nonparental care most commonly used varied greatly among the four target areas. While reported mostly day care centers, Mercer County Economic Development Corporation reported a mix of day care centers and relative care. River Valley Child Development Services reported that day care centers are not at all common, but that family day care homes and relatives provided most of the child care. Central Child Care felt that the predominant type of care is related to race (White families used day care centers and family day care homes, and minorities used relative care.) These assessments were based mainly on observations and knowledge of the communities, and on a State of West Virginia Department of Human Resources study.

There are no licensing requirements in the State at this time, but receiving either Department of Human Resources or alternate approval is a prerequisite for CACFP participation. The State is implementing a nonmandatory registration process for family day care homes, but it was not in place during the demonstration period. This approval would include fire and safety inspections and limits on the number of children allowed in care. If providers are receiving funds from the Department of Human Resources (DHR) for child care, they are automatically eligible for CACFP. A provider not working through DHR may go through the CACFP alternate approval process which includes fire and health inspections and a TB test. Providers who use well water rather than city water are also required to have a water quality test for participation in CACFP. Zoning regulations were not reported by any of the sponsors to be a barrier to participation.

The State reported that communication is the major barrier limiting FDCH participation in West Virginia due to geographic isolation, and therefore encouraged outreach activities through the demonstration period. In addition, many family day care homes do not seek approval, as reported by the State as well as the sponsors in the four target areas, due to fear of government intervention, as well as providers not being aware that the approval option exists. In all areas except Charleston, the sponsor reported that providers do not see the benefit of obtaining approval, but rather see it as an unnecessary obstacle.

Arranging for health and fire inspections were reported to be a problem only by the sponsor in Mercer County. Lack of funding to make small, home safety improvements were reported by the state to be a slight problem in all areas.

- Central Child Care was the only sponsor that reported any problem concerning availability of materials for non-English speaking and/or illiterate providers.

Exhibit II-8: Profile of West Virginia State Agency Demonstration	
Demonstration Agency	State Department of Education
Demonstrator's Service Area	State
Target Area	Morgantown, Mercer County, Charleston, Huntington and RESA VIII
Number of CACFP Providers in Target Area Prior to Demonstration	130 in 5 areas selected for demonstration; 63 in 3 counties that were successful
Race/Ethnicity in Target Area	3 counties majority White; 1 county 60% White, 40% Black

VII. Summary

All of the demonstrations operated during a time of economic recession, which many demonstrators believed reduced demand for child care because parents were either unemployed, or taking care of their own children. All target areas were selected because they were believed to have high proportions of low-income households; many areas were also selected because they had low CACFP participation levels. The demonstrations varied in their geographic location, coverage, and nature of the low-income population. Two were conducted in poor, rural States. Three were conducted in more densely populated areas, but addressed different cultural and ethnic groups. The demonstration target areas varied in their saturation of CACFP sponsors and providers. The rural areas generally had the lowest CACFP participation rates, but the more urban areas faced greater competition among sponsors for providers.

The demonstration target areas also varied in their registration and licensing requirements, and the degree to which systems were in place to facilitate governmental approval for licensing or for CACFP participation. The Ohio Hunger target area had three requirements for providers—health, fire and safety. Licensing in Virginia, in contrast, was more complex, with standards based on the number of children in care and on the agency granting the approval. New Mexico had a similar structure to Virginia, and an additional requirement for tribal approval on Indian land. West Virginia had no FDCH licensing requirements at the time of the demonstration, but was beginning to implement a registration process. Alternate approval, including fire and safety inspections and limits on the number of children in care, or approval from the State Department of Health and Human Resources are prerequisites to participation in CACFP. These requirements vary slightly by sponsorship area.

In general, the most frequently cited barriers to participation in CACFP were: cost of licensing to the provider, including the cost of equipment and materials necessary for inspections; providers not being aware that licensing exists; fear of government interference; and cultural and language barriers, due to the lack of materials and forms printed in the native language of the provider. In a few cases, the demonstrators reported that there were difficulties in obtaining timely inspections, but this is community-specific rather than a general trend.

Chapter III

Implementation

Chapter III. Implementation

This chapter describes the implementation of the demonstration, including what activities were planned, how they were conducted, and who participated in them. Additionally, information is presented on the providers' perceptions of the demonstration activities.

I. Ohio Hunger Task Force, Cleveland, OH

A. Demonstration Activities

The Ohio Hunger Task Force targeted two areas with very different populations. The West Side largely consisted of Hispanic providers with a low participation rate in CACFP. The goal for the West Side was to identify and recruit new providers to participate in CACFP. Conversely, the East Side consisted of chiefly African-American providers who were currently participating in the program but were at high risk of dropping out because of their difficulties with the required paperwork. The goal of the East Side was therefore to retain existing CACFP providers in the low-income area and not to recruit new providers.

To address the varied barriers and obstacles of these disparate populations, the Ohio Hunger Task Force chose to pursue several distinct strategies. It is important to note that all of these strategies relied on support groups as the vehicle for communication and activities among the FDCH providers. These activities represent an intensive effort by the sponsor in comparison with their regular recruitment activities.

One year prior to the demonstration, in late 1989, the field representative for West Cleveland organized a support group for Hispanic providers. The support group met quarterly in two different locations, with one site for the Spanish-speaking providers and the other for the English-speaking providers. The goals of the group were to assist providers in viewing their work in a more professional light and to help reduce the isolation that they often feel because they work alone in their homes. The West Side providers found that as they attempted to expand the support group to include more providers, they needed access to financial resources to address the barriers to joining CACFP such as inspection fees and required equipment (such as fire extinguishers). The demonstration grant presented an opportunity to meet these needs.

Mentors: Some of the more experienced providers were chosen to serve as mentors to facilitate the alternate approval and CACFP enrollment process of low-income providers. Mentors were offered $75 to identify a new provider interested in participating in CACFP. They were given 30 days to conduct an initial inspection to assess the new provider's eligibility potential, and 60 days to assist the new provider with the CACFP paperwork prior to signing the participation agreement. Additionally, mentors were to give one-on-one technical assistance as a way to address barriers to CACFP participation such as isolation or difficulty with the paperwork. Fifteen

mentors participated in the project on the West Side. Mainly, mentors relied on word-of-mouth to find interested providers.

Financial Assistance: Providers on the West Side were also given supplies to help pass the inspections or a small grant to cover the inspections cost. Supplies provided as grants (rather than as loans) included cribs, activity tables, playpens, and fire extinguishers. A total of $750 was reported as being paid toward health and fire inspections, and $830 was the reported expenditure toward fire extinguishers. Other expenditures towards equipment and education were made by the sponsor, but the exact amounts of expenditures were not separated from other expenses. The demonstration also paid for providers to attend the required health courses and arranged to have the Red Cross provide the training in Spanish. Providers are required to complete training in child development, first aid, or CPR in order to be certified or alternatively approved. In addition, providers were referred to the Parent Education Program (PEP) offered by the Ohio Cooperative Extension Service, Ohio State University, for free child development training. These types of support were unnecessary on the East Side, because the County would cover all of these costs through an ongoing grant to expand family day care. The county targeted financial assistance to the East Side only.

The financial assistance offered on the West Side to help new providers get through the alternate approval process was considered very helpful. Providers on the West Side estimated that it cost them each approximately $100 to pay for the inspections, equipment, and CPR class needed to become approved to provide child care. Because it took time for providers to save the money, the approval process averaged 8 to 10 weeks. During the demonstration, when funds were available, this time period was reduced to about 2 weeks.

Unlike the West Side, the East Side providers did not have a pre-existing support group. Prior to the demonstration period, both the county and Ohio Hunger Task Force tried to develop a support group without success. During the demonstration, another attempt was made to begin a support group, targeting providers who were identified as potentially illiterate or those encountering problems completing required forms. The East Side field representative also selected six providers to serve as mentors. Only two of the six were utilized by the providers; a third mentor was chosen by the providers themselves. The mentors received $25 per month for 3 months to help existing CACFP providers with their paperwork, as well as offering professional support. Because some of the providers were illiterate, a major activity of the mentors was helping the providers prepare menus and record the food that they served the children in care.

Demonstration grant funding was used to pay for:

Provider Activity Kits: Two of the support group members on the West Side developed a lending library of activity kits appropriate for the day care setting. Each of the kits had a theme, such as "good nutrition" or "dinosaurs." All providers in the

support group were invited to borrow these materials for a planned activity with the children.

Translation of materials and development of a simplified picture menu: To meet the needs of the providers who were illiterate or not fluent in English, all of the CACFP menus and supporting materials were translated into Spanish for the Hispanic providers, which primarily benefitted the West Side. Secondly, the sponsor developed a simplified CACFP menu, with small pictures of food items, so that illiterate providers could then indicate correctly the food that they served. This had been a major problem in the past since providers who filled out their menus incorrectly could not be reimbursed. This activity primarily benefitted the East Side.

B. Provider Perceptions of Demonstration Activities

Ten providers recruited during the demonstration efforts were interviewed to determine if demonstration activities influenced their CACFP participation. As reported by the sponsor and the providers, there was an extremely high level of effort in carrying out demonstration activities. The providers reported receiving various types of assistance from the sponsor and from the county government. The providers on the East Side received financial assistance from only the county government through the ongoing family day care expansion grant, as well as mentoring assistance provided by the demonstrator. Providers on the West Side received help only from the sponsor, with the exception of one provider who received help from both sources.

Almost all of the 10 providers interviewed received assistance from the sponsor, and reported receiving help in the following areas:

- information on and/or help preparing for the licensing process;
- borrowing toys or books from the sponsor;
- training in caring for children; and
- assistance in filling out forms.

Additionally, all but one provider also reported receiving information in their native language. This information is consistent with the reported level of effort of the field representative on the West Side.

Less than half of the providers interviewed received help from the county government. Two of these three providers were located on the East Side. All of these providers reported receiving information on and help preparing for the inspection process. Some providers also reported borrowing toys or books and training in caring for children.

All of the providers received equipment or financial assistance from either the sponsor or the county, with one provider receiving it from both sources. This assistance was available to all providers; they received only the items they needed. The providers received the following:

- All providers received toys or other educational materials (n = 10);
- Almost all providers received a fire extinguisher (n = 9); more than half received from sponsor (n = 6);
- More than half of the providers received a crib (n = 6); almost half received cribs from the sponsor;
- Almost half of the providers received a smoke alarm (n = 4); only 1 received an alarm from the sponsor; and
- Almost half of the providers received the fire inspection fee (n = 4); all of those receiving inspection fees received them from the sponsor.

The assistance from the county occurred during the sponsor's demonstration activities. The sponsor did not have a goal of increasing the number of providers on the East Side, and therefore did no recruitment in this area. However, the number of providers recruited on the East Side is reported, and therefore the county assistance to these providers is relevant. Even with this assistance, only nine new providers were recruited on the East Side during the demonstration period. While these low figures may be attributable to other factors such as the economy or the saturation level of providers, the additional assistance of the county did not greatly increase the number of providers on the East Side.

All of the providers received assistance, both in terms of information and support (e.g., meeting zoning requirements and preparing for inspections, and material items such as cribs and first aid kits). There was no clear consensus on what helped the most, partially because providers did not choose a specific item as the most important one, but rather reported many items as being important. In fact, almost half of the providers reported that all types of assistance were equally helpful (n = 4).

Over half of the providers had not heard of CACFP prior to the demonstration. "Friends or word-of-mouth" was the most commonly reported way of learning about the program (n=9), which may be attributed to the support group and mentor system. Once aware of the benefits of CACFP, more than half of the providers said they became licensed primarily to be eligible for CACFP (n=9).

Regarding why the providers enrolled in CACFP, more than half responded that they wanted to receive reimbursements for the food (n=7); half wanted to provide more nutritious meals (n=5). Almost half of the providers wanted to receive training of

some kind, in areas such as child development and menu planning (n = 4).

Exhibit III-1 provides a summary and comparison of the Ohio Hunger Task Force's demonstration activities:

Exhibit III-1: Summary of Ohio Hunger Demonstration Activities and Roles

	WEST SIDE	EAST SIDE
Mentoring	Mentors were chosen and paid $75 for recruiting new providers. The role of the mentors was to assist new providers in licensing and CACFP start-up	Mentors were selected by field representative; only two were used; mentors paid incentive of $25; The goal of the mentors was to assist existing providers with paperwork
Financial assistance	Able to receive items needed to pass inspection (e.g. fire extinguisher, smoke detectors) and fees for training and technical assistance	No financial assistance provided by the sponsor, however such assistance was available from the county
Provider activity kits	Funds for materials were supplied to develop lending library of activity kits	None
Translation of CACFP materials	Used materials translated into Spanish by demonstrator	None
Simplified CACFP menu	Providers used simplified menu with pictures developed by demonstrator	Providers used simplified menu with pictures developed by demonstrator

II. Greater Nashua Child Care Centers, Nashua, NH

The Greater Nashua Child Care Centers (GNCCC) participated in the demonstration in order to raise participation of low-income providers, primarily in the Hispanic community. There had been a recent rise in the Hispanic population in the Nashua area, so a special effort was planned to recruit these providers. Barriers to participation in Greater Nashua reported by the sponsor included zoning requirements, a licensing process that was considered to be intimidating and expensive, and language barriers.

The transfer of funding from the State Department of Education to Greater Nashua was extremely slow, and funding was not received until February of 1991. Because of this late funding date, the activities were either not conducted or were not carried out long enough to be measurably successful within the demonstration period.

Recruiting through home visits: Prior to beginning the demonstration, the sponsor planned to recruit low-income providers, help them through the licensing process, enroll them in CACFP, and then offer ongoing training and support. The demonstration activities began by hiring an outreach worker. Home visits then were made to potential providers. It was originally planned that a low-income housing project would be targeted, but this strategy was abandoned because the sponsor believed that CACFP reimbursements would make providers ineligible for the low-income housing.[1] Home visits to providers outside the housing project were conducted, but not with the intensity originally planned. The outreach worker was well-received and effective, in large part because of her persistence and her connection with the Hispanic community. Unfortunately, efforts commenced too late to show large effects.

Assisting providers to become licensed: The sponsor's most intensive effort was to help providers through the licensing process. This process is perceived by the sponsor to be one of the largest barriers to CACFP participation in Greater Nashua, because it can be intimidating and often requires providers to have the resources to bring their homes up to code requirements. Most low-income providers cannot afford the renovations necessary to meet the code. Therefore, the sponsor set up a loan program with demonstration funds that enabled providers to pass the licensing process, allowing the loan to be repaid through small deductions from their CACFP reimbursement checks[2]. Fifteen providers received loans, totalling $5,000. Additionally, the sponsor recruited local contractors and hardware stores to perform work at reduced costs to providers. However, the providers still needed significant guidance and support to get through the process. The sponsor found that, in particular, the health inspection was very difficult because of the inconsistency of the inspection agent. Attempting to support the providers and get them through the licensing process was very difficult. To remedy these problems, GNCCC initiated closer ties with the city Child Care Coordinator to track discrepancies and issues related to the inspection of FDCHs. Although GNCCC had planned to conduct training activities for providers, a decision was made to transfer the funds earmarked for training into helping providers pass the licensing process; therefore no training was conducted.

Publicity: There were some publicity activities, although they were not particularly effective. The sponsor publicized the demonstration through newspaper, radio, and television, requesting people who knew providers to inform them about CACFP and inform them how to find more information. This was only minimally successful, as a few organizations inquired. The sponsor presented information at churches that inquired as a result of the media activity, but only three or four provider referrals came from these activities after the end of the demonstration period.

Overall, the sponsor concluded that recruitment, licensing, and enrollment of low-income providers is a slow, labor-intensive project. One provider entered CACFP by the end of the

[1]HUD guidelines regarding public housing mandate that families must pay a specific proportion of their income toward housing; if their income rises, the amount they must contribute rises. However, they do not become "ineligible."

[2]The loan program and repayment procedure was approved for the demonstration. Such loans are not allowed in the Child and Adult Care Food Program.

demonstration period but the demonstration began late and didn't have sufficient time to complete planned activities. The demonstrator reported 15 newly enrolled providers 4 months after the demonstration period. Prior to the demonstration, GNCCC sponsored one home in the target area.

III. The Planning Council, Norfolk, VA

A. Demonstration Activities

Because The Planning Council had been a CACFP sponsor prior to the demonstration, it had extensive experience with recruiting activities, and some prior experience in targeting low-income providers through a grant received from HUD. Existing recruiting methods prior to the demonstration included designing and distributing flyers and brochures, providing licensing departments with information on CACFP for licensed providers, and placing advertisements in the newspaper. For this demonstration The Planning Council wanted to coordinate Virginia state agencies and officials affiliated with child care to facilitate the entry of low-income providers into CACFP. These efforts would also include education and promotion of CACFP to Social Service agencies that approved providers for care of children receiving Title XX child care benefits. Additionally, The Planning Council wanted to develop promotional and training materials for persons who were illiterate and/or non-English speaking, and to expand the sponsors' abilities to recruit low-income providers.

Advisory Group: An advisory group was convened, consisting of representatives of State agencies, such as the Health Department and the State Fire Marshall's office, and CACFP sponsors. The purpose and responsibility of the groups was to get legislation passed that would allow for a process of self-registration of providers interested in enrolling in CACFP. The group drafted a bill for statewide registration of providers. This was necessary because the extremely complex licensing structure in Virginia was a barrier to participation for low-income providers. There is no certification process in all but three counties or cities in Virginia. Alternate approval is not possible in many areas because the Health and Fire Department's will not inspect FDCHs. The legislation provided for a process of voluntary self-registration including application, criminal background check, and self-administered health and safety evaluations that would permit providers to be eligible for CACFP. The legislation passed however regulations were not put in place within the demonstration period.

Coordination: In addition to their advisory group and legislative efforts, the sponsor held meetings with the Directors of Child Care in the Department of Social Services in every county in the State during the demonstration period. This was done for the purposes of education and coordination between the Planning Council and the counties to facilitate getting low-income providers into the CACFP. The goal of the meetings was to register 100 percent of current providers that provide care for children receiving Title XX benefits on CACFP and to increase the number of available providers.

Publicity, outreach, and recruitment: Throughout the entire demonstration period, recruitment activities were conducted. Recruitment activities included workshops and group sign-ups in the target area, home visits to potential providers to inform and assist them in joining CACFP, and presentations to churches and civic organizations. Independent of this demonstration, The Planning Council also received HUD funding to recruit, train, and certify family day care providers in Federally-funded housing. This project occurred only in Norfolk and at the same time as the FNS demonstration. The HUD effort resulted in 22 new providers; the project was extended into 1991.

Promotional and training materials suitable for low-income providers: The final activity in the demonstration was to develop CACFP promotional materials which were used during the project period. However, this activity was not completed within the demonstration period. The Planning Council also arranged to work with Norfolk Public Schools to develop an easy-to-read 4th grade level CACFP manual, however the final draft was not approved prior to the end of the project year. This was the only activity attempted that was not reported as successful.

B. Provider Perceptions of Demonstration Activities

The successes reported by the sponsor are supported by interviews with providers in the target area. Ten providers recruited during the demonstration period were interviewed. Almost all (n=9) of these providers had not been not aware of the program before the demonstration. It was reported that the primary way of learning about the program was through friends or word-of-mouth, and almost half learned of the program from the Social Services Agency (n = 3). Therefore, the work of the sponsor in meeting with Social Services staff to educate them regarding CACFP was both necessary and successful.

Half of the providers reported becoming licensed in order to comply with local licensing laws, while only 2 did so in order to be eligible for CACFP. As reported by over half of the providers, the reason for joining CACFP was to provide more nutritious meals.

Over half of providers interviewed in Norfolk reported receiving help from the sponsor. Specifically:

- More than half of the providers received information on how to become licensed (n = 6);
- Half received help in preparing for the inspection (n = 5);
- Almost half received help in filling out forms (n = 4);

- Two reported receiving tangible items such as a crib and a first aid kit; and
- Almost half of the providers (n=4) reported receiving assistance from other government agencies, specifically Social Services. This assistance included borrowing toys and books, and help in preparing for inspections.

Exhibit III-2 presents a summary of the sponsor's activities.

Exhibit III-2: Summary of the Planning Council Demonstration Activities and Roles

Activities	Planning Council Coordinated with:	Activities
Setting up Advisory Group	CACFP sponsors and state agency reps	Drafted legislation to ease licensing barriers to CACFP; legislation passed
Education and Coordination with State Officials	Department of Social Services	Met individually with local Directors of Child Care that approve homes that care for Title XX children
Publicizing CACFP	Churches and civic organizations	Presented information to groups on CACFP
Recruiting new homes	None	Conducted home visits to recruit potential providers and held CACFP enrollment at provider workshops
Developing promotional and training materials	Norfolk Public Schools	Targeted at illiterate providers; not completed within demonstration period

IV. Office of Early Childhood Development, Washington, D.C.

Washington, D.C. chose to participate in the demonstration for three reasons: (1) to increase CACFP participation in one ward that had very low participation rates and whose residents were very low-income, (2) to create a sponsor to operate in the ward, and (3) to coordinate activities of agencies involved in the licensing of providers and the administration of CACFP. The funds for the demonstration were supposed to be transferred from the CACFP State Agency, which was the D.C. Public Schools, to the Office of Early Childhood Development (OECD). This transfer did not occur until August of 1991, 2 months prior to the end of the demonstration. Limited activities were conducted within the demonstration period, and no new homes were enrolled. The activities that were pursued are described below.

Coordinating committee: The first activity of the demonstration was to create an interdisciplinary coordinating committee. Its purpose was to act as a policy board and advisory counsel, providing technical assistance and recommendations for the demonstration activities. The committee was comprised of representatives from the Mayor's Advisory Committee on Child Care, the Nutrition Component of the D.C. Department of Regulatory Affairs (DCDRA), community organizers, providers, and two sponsors.

This activity was one of the major strategies to be implemented for the demonstration. However, no major outcomes resulted from the one meeting of the committee during the demonstration period.

Recruitment of providers: Additionally, OECD staff met with licensed providers who were not currently in CACFP. However, it was reported that this effort was not successful because the providers did not want the additional burden and did not understand the benefits of the program. OECD then switched its focus to providers just beginning the licensing process, and this was reported to be much more successful. Future efforts to increase low-income FDCH participation will be targeted at this population. Because the providers were new to the CACFP program, they had a lot of questions and needed training and support. This led to the idea of starting a Mentor/Buddy system for new providers. The purpose was to obtain licensing and then to enroll them in CACFP. By having a Mentor/Buddy system, new providers would receive support and information from experienced CACFP providers. Unfortunately, there was not enough time to fully implement this system during the demonstration.

Publicity: To increase awareness of CACFP, OECD staff went to churches and neighborhood organizations to conduct presentations on the program. Additional publicity efforts included mailings, articles in newspapers, a spot on television, brochures, and flyers. However, most of these activities occurred after the demonstration period officially ended.

While all of these activities were perceived by the demonstrator to be somewhat successful in raising the awareness about the CACFP, time was too short for them to have had measurable effects.

V. New Mexico Department of Health and Environment

A. Demonstration Activities

The State of New Mexico is very rural, and its population has high concentrations of low-income Hispanics and Native Americans. CACFP participation traditionally has been low, especially in the rural areas and on Native American Reservations. The New Mexico Department of Health, Family Nutrition Section, participated in the demonstration to address barriers to participation such as language (e.g., illiterate or non-English speaking providers), lack of knowledge about the program, and the geographic isolation.

The State chose two target areas. The first covered three counties that had a high percentage of Hispanic residents. This area did not have an operating sponsor, but the State recruited Valencia Counseling, a social service agency, which had been a CACFP sponsor for one year in another area, to become a sponsor for this area. Valencia Counseling later changed its name to ZIA. The other target area covered one county,

approximately one-fourth of which was Indian Reservation land belonging to the Navajo Nation. There was a sponsor in this area called Big Brothers/Big Sisters (BB/BS), and it had only been operating for about one year prior to the demonstration.

Prior to the demonstration, the Family Nutrition Section conducted several promotional and outreach activities throughout the State, including distribution of flyers, advertisements in newspapers, free training opportunities for providers, and meetings with other government agencies. These activities did not occur in the target area. BB/BS did some recruiting in the target area prior to the demonstration, such as home visits. However, neither the State nor sponsor activities were conducted on a large-scale basis due to scarcity of staff and funds.

Program Specialist: One of the State's first activities was to hire a Food Program Specialist to coordinate the demonstration. This individual had an extensive background in CACFP sponsorship and family day care homes. Because the two sponsors participating in the demonstration were relatively new to the administration of CACFP, the Food Program Specialist provided substantial coordination, assistance, and guidance.

The Section Chief of the Family Nutrition Section designed a plan of action for the demonstration, including publicity, outreach, and support to providers. The Program Specialist then met with the sponsors to discuss the plan and begin implementation. Although there was a slight delay in receiving funding necessary to begin activities, this was not reported by the sponsor to be a significant barrier.

Once the funding was received, the State and the sponsors began activities for the demonstration. A high level of coordination between the State and the sponsors was reported. The following activities were conducted by the State agency:

Picture reference manual: The State Food Program Specialist conducted many of the activities to support providers. A picture reference manual of acceptable and unacceptable foods was developed, which was specifically intended for populations where language barriers existed. Many Navajo and Hispanic providers are neither literate nor English-speaking. Furthermore, a simple translation into Navajo would not be sufficient because the language does not distinguish between certain types of food to the level of specificity required by this program. For example, Navajo does not make a distinction between different kinds of meat or bread - they simply have one word for each, encompassing all types of meat (chicken, beef, lunch meat, etc.) or bread (tortillas, muffins, rolls, sliced bread, etc.). Therefore, a picture reference manual was developed as a single method to address the multiple language barriers. In addition, BB/BS developed a picture flipbook with Navajo words to help providers understand menu requirements which was used during the demonstration.

Wordless menu: For similar reasons, development of a wordless menu for providers began at the state level. The concept was to devise a menu that could be understood and completed by providers using stickers with pictures of food on them, rather than by writing. The menu would be color-coded to ensure that the proper food types would be served. This was a more significant effort than originally anticipated, due mainly to difficulties with the stickers, and changes to the layout and format. However, there was a high level of enthusiasm for this effort on the part of both the State and sponsors, and the menu was completed near the end of the demonstration. The State Agency planned to pilot test the menus after the demonstration period.

Spanish program forms: The State worked with another of its CACFP sponsors, Providers Allied for Nutrition (PAN) to translate the program forms into Spanish. PAN used its CACFP administrative funds to pay for this effort. These forms were then distributed to all sponsors in the State. ZIA used them for their Hispanic providers, but they were not very beneficial to BB/BS because most of their population was Navajo.

Flyer: The state developed a flyer to advertise CACFP. This flyer included a toll-free number to call for more information on the program.

Sponsors also conducted the following activities during the demonstration:

Recruiting outreach workers: A large part of the plan for demonstration activities focused on outreach and publicity to recruit new providers. Both sponsors hired outreach workers, using demonstration funds. The sponsors did not have resources to pay outreach staff salaries until they began generating revenue from homes in the program, so using demonstration funds was crucial to beginning the process. However, even with additional funds, ZIA did not hire an outreach worker until one month prior to the end of the demonstration.

The sponsors and demonstrator were concerned that the outreach workers not feel isolated because of the nature of the their work, which provided little contact with the sponsors or other outreach workers. In order to address this concern, one-on-one training and support was provided for the outreach workers, and this effort was perceived to be fairly effective.

During the demonstration, an outreach worker left BB/BS and was replaced by a Native American. The number of providers recruited subsequently increased dramatically, which the sponsor attributes largely to the trust level she was able to achieve, her fluency in Navajo, and her understanding of the culture. The strategy of hiring outreach workers who matched the population they were recruiting from was in part intended to address the issue of rural isolation, so the providers would not be suspicious or mistrusting of outsiders.

Performing outreach activities: Both sponsors had outreach workers conduct home visits to recruit new providers to CACFP. Providers were identified through referrals and personal contacts. These home visits were conducted to address the barrier of isolation that is very common in rural areas. At BB/BS, the outreach workers found that numerous contacts were necessary to provide instruction about the program and to allay the fear and mistrust many Native American providers felt toward government programs. The State reported that none of the providers recruited during the demonstration had been previously licensed or registered.

Setting up a loan program for providers: One of the activities planned for the demonstration was for the sponsors to set up a loan system whereby providers would be loaned the money necessary to pass inspections and join CACFP. Requirements in New Mexico include owning a smoke alarm and fire extinquisher and obtaining a health certificate from a doctor on the status of tuberculosis. Additionally, the sponsor reported that there is a cost of $15 to go through the licensing process. They also felt that the most significant barrier to providers is that the fire safety regulations require smoke detectors and fire extinguishers, expensive items for low-income providers and often difficult to obtain in isolated areas. The Program Specialist worked with the sponsors to set up a loan program so that providers could purchase these items, and repay the loan from the first few food reimbursement checks. This was a difficult process because it took some time to obtain approval from the State contracts office for this activity. Additionally, sponsor staff were resistant to the idea, as were their accounting departments. In the end, only BB/BS implemented the program, because ZIA could not accommodate this program within its accounting system.

Distributing flyers: The flyer that was designed by the State to advertise the program was distributed by sponsors to Tribal Trading Posts, clinics, post offices, grocery stores, laundromats, and community buildings. The sponsors also arranged with the Food Stamp administrators in their area to have the flyer included in a mailing to Food Stamp recipients.

Media publicity: Big Brothers/Big Sisters arranged for public service announcements on the radio, and for two advertisements in a local newspaper. These advertisements were in both English and Navajo. Furthermore, a local reporter wrote a special interest story on their activities.

Community/agency publicity: Both sponsors coordinated with other community agencies and organizations. With the assistance of the State Program Specialist, they both worked with the Food Stamp program to mail out flyers. BB/BS attended reservation chapter meetings and Parent Teacher Association meetings to present information on the program. ZIA met with Human Services staff, Head Start staff, and staff of the Families in Action Coalition to inform them of CACFP and sponsor activities.

The barrier of isolation reported in rural areas was addressed through the personal contact between outreach workers and potential providers. The sponsor had outreach workers begin their efforts in the less isolated areas, to supervise and monitor them. As the demonstration progressed and the outreach workers became more experienced, they concentrated their efforts on more rural and isolated areas. The home visits were the only activity addressing the barrier of isolation.

B. Provider Perceptions of Demonstration Activities

There was a high level of coordination and communication between the State and the two sponsors. Furthermore, the State was very active in the demonstration activities, especially regarding activities that addressed needs of current providers.

Fifteen new providers enrolled in CACFP as a result of the demonstration were interviewed, and almost all of these providers had not been aware of CACFP before the demonstration, which clearly supports the sponsors' perception that lack of awareness among providers is a significant barrier to participation (n = 12). Almost all of the providers learned about CACFP through friends or by word-of-mouth (n = 13). This response is consistent with information gathered from the sponsors, who reported word-of-mouth as being an important vehicle for learning about the program.

Once aware of the benefits of CACFP, more than half of the providers reported that the only reason they became regulated was to become eligible for CACFP (n = 8). The only other frequently reported reason for becoming regulated was to comply with local laws, which was reported by less than half of the providers (n = 3). Of those surveyed, less than five became registered before the demonstration period.[3] When asked why they enrolled in CACFP, over half responded that they wanted to serve more nutritious meals (n = 10).

Almost all of the providers received assistance from either the sponsor or from a government agency, such as Licensing Department or Human Services. Providers reported the following:

- Almost all received help preparing for inspection (n = 14);
- Over half received help in filling out forms (n = 12);
- Over half received information on how to become State licensed or registered (n = 9); and

[3]State Agency staff indicate that none of the new providers were registered prior to the demonstration. This conflict may be attributable to a misunderstanding by a few providers.

- One provider received any financial or tangible resources, such as a crib or fire extinguisher.

While the information and assistance was used widely by all providers in both areas, the loan program set up by BB/BS was not used by many of the providers. This is despite the fact that the sponsors reported lack of funds for small improvements was a barrier to participation.

Exhibit III-3 presents a summary of the demonstration activities.

Exhibit III-3: Summary of New Mexico Demonstration Activities and Roles

ACTIVITY	ROLE		
	STATE AGENCY	BB/BS	ZIA
Picture Reference Manual	State developed	Distributed to providers	Distributed to providers
Wordless menus	State developed; in process of field testing	Not available during the demonstration	Not available during the demonstration
Translate program forms into Spanish	Coordinated with PAN to translate; distributed to all sponsors	N/A	Distributed to Hispanic providers
Hiring of outreach workers	Provided assistance with hiring and training; allocated demonstration funds for salaries	Conducted recruitment and interviews; hired and trained outreach workers	Conducted recruitment and interviews; hired and trained one outreach worker at end of demonstration
Home visits to recruit new providers	N/A	Conducted numerous home visits, many repeat visits to homes	Conducted home visits during last month of demonstration
Loan program for providers	Discussed program and logistics with sponsors	Set up program and accounting system	Attempted to set up program; did not implement
Coordinate with community agencies/ organizations	N/A	Food Stamp Program Reservation chapter meetings, PTA	Food Stamp Program, Human Services staff, Head Start staff, Families in Action Coalition staff
Flyer with toll-free number	Set up toll-free line; designed flyer	Distributed in Tribal Trading Posts, clinics, post offices, grocery stores, laundromats, community buildings, and through Food Stamps mailing	Distributed in community buildings and through Food Stamps mailing
Public Service Announcements	None	Arranged for PSA on local radio stations	None
Advertisements and articles in local paper	None	Arranged for ads and interview	None

VI. West Virginia Department of Education

A. Demonstration Activities

The State of West Virginia is extremely rural with a mountainous terrain; its population is highly dispersed and generally of very low socio-economic status. The West Virginia Department of Education participated in the demonstration to increase participation of providers in the CACFP. The State used a formula based on population, mean income, and participation rates to select five areas most in need of a special recruitment effort. Of the five areas selected to participate in the demonstration, two were considered unsuccessful. No information was reported from one of these sponsor areas; the other one is included in this section.

The sponsors involved in this demonstration generally do little outreach. Their staff size is very limited, and most of the areas are so rural and isolated that outreach is difficult and costly. Additionally, providers are unaware of the program and suspicious of government help and interference. These were some of the barriers to participation that the demonstration wanted to address through intensive outreach efforts. The demonstration activities were significantly more intensive than earlier outreach efforts.

The coordinator of the demonstration activities on the state level decided to wait until April to begin demonstration activities, rather than beginning in October. The rationale for this decision was that the winter weather in West Virginia makes traveling through its mountainous terrain dangerous and difficult. Secondly, she did not want to confuse demonstration activities with normal recruiting efforts that occur. The State annually sends out a letter to recruit those homes that are providing care to low-income children and receiving funds from the Department of Human Resources (DHR). This letter is sent out in the Fall, and the State did not want responses to this letter be confused with responses to the demonstration.

The State Agency coordinator worked out an arrangement for outreach with the West Virginia University Agricultural Extension Service. The Extension Service has a statewide network called Extension Homemakers, made up of mostly retired women involved in education and volunteer activities for family and environmental concerns. The Extension Service asked the members of their groups to consider working for the CACFP demonstration project in their respective counties. Once the agreement was initiated by the Department of Education and the Extension Service, the remainder of the coordination was left to individual sponsors and Extension Homemakers. This activity was new for all of the sponsors, except for Morgantown. They had used Extension Homemakers prior to the demonstration, but on a very limited basis.

During the same time period, the State Agency coordinator held a meeting with the participating sponsors to explain the demonstration and its administration. Sponsors were given a great amount of flexibility in designing their own program, choosing

activities, and setting their own goals. This meeting was the only formal coordination, guidance, or communication that occurred between the State Agency and the sponsors.

Because each sponsor created its own strategies there were different activities planned and implemented, with varying amounts of success. However, all of the activities could be classified as outreach and publicity, conducted by Extension Homemakers hired as outreach workers for the demonstration activities. Recruitment activities included:

- personal visits;
- phone calls to DHR providers;
- using the residential phone listing to find providers; and
- sending letters or notes.

Additionally, Homemakers conducted various activities to publicize the program, which included:

- articles in local newspapers;
- ads in local newspapers;
- distribution of brochures, leaflets, pamphlets, and flyers;
- public service announcements on the radio;
- a short story on the local news;
- bookmarks made and distributed in libraries; and
- publicity at local businesses to reach potential providers.

Extension Homemakers: As stated earlier, all these activities were conducted by Extension Homemakers. Unfortunately, every sponsor had a problem with Homemakers quitting, often immediately after being hired. This problem is discussed in Appendix B.

Outreach was conducted during the late spring and summer months, with sponsors choosing different time periods in which to conduct demonstration activities beginning between March and June.

Home visits and telephone calls: Recruitment of potential providers occurred in every sponsor area. The efforts by Mercer County Economic Opportunity Corps (EOC) were fairly intensive. Outreach activities primarily consisted of making telephone calls and home visits to potential providers, conducted by two outreach workers operating in only one of the EOC's two targeted counties. They targeted providers approved by the Department of Human Resources and had not enrolled in CACFP after receiving the State's letter. The sponsor felt that this direct outreach was very successful, in large part because the two workers had extensive networks within the communities. Additionally, their efforts had been publicized in the newspaper, and this added some legitimacy to their approaches to individual providers. These activities were conducted in Summers County because of its low-income, low-participation status. The outreach worker in Raleigh County did not achieve the same level of success.

Activities to contact potential providers in the other target areas were not as intensive as those of Mercer County. River Valley Child Development Services in Huntington conducted some outreach, but did not use an outside source for referrals—they recruited through personal contacts of the outreach workers. Central Child Care in Charleston also used this strategy at the beginning, but later expanded its outreach to include providers whose names were supplied by DHR. From these providers, they were sometimes given referrals. The Extension Homemaker outreach workers found that persistence and approaching the providers with a low-key, friendly nature were key to getting them interested. As with Mercer County, they concentrated their efforts on the one rural county because they knew it better and did not want to travel long distances. The outreach workers recommended trying to find other outreach workers who lived in the uncovered areas to increase further recruitment of low-income providers in rural areas. For Catholic Community Services' efforts in Morgantown, outreach workers made visits to homes identified through referrals and inquiries to explain about the CACFP. However, the outreach workers encountered resistance by older family day care providers, who were not interested in the CACFP and did not provide referrals to others who might be interested.

Community publicity: Every sponsor undertook publicity efforts. In Mercer County, the media activities included a television spot, a radio Public Service Announcement aired three to five times, and newspaper advertisements and articles. Morgantown also had an article in the local paper, and both sponsors reported these activities to be highly effective. Mercer County EOC went to doctors' offices and grocery stores to publicize the CACFP to potential providers, and Catholic Community Services in Morgantown held meetings with civic organizations, but neither of these sponsors felt the meetings were particularly effective, especially when compared with the media publicity.

Flyers and brochures: All of the sponsors distributed brochures or flyers to publicize CACFP. Mercer County EOC distributed information to stores, businesses, doctors' offices, hospitals, and public assistance agencies; Central Child Care targeted Social Service agencies, libraries, doctors' offices and hospitals; Catholic Community Services

distributed information to various locations including shopping malls; and River Valley Child Development Services left materials in health clinics, the Human Services agency, and restaurants. Catholic Community Services found that a flyer (with tear-off strips listing a telephone number to call if interested) was more effective than pamphlets. Additional publicity activities included posters hung in businesses in the Mercer County EOC target area, and bookmarks for distribution at libraries in Huntington.

While the brochures and flyers were said to be effective by the sponsors, the two sponsors who also used media publicity still reported this activity to be much more successful in generating interest and inquiries than the brochures and flyers.

Mercer County EOC included a local telephone number on all of its media advertisements, believing that people would be more likely to call a local number than a long distance one. Because the telephone could not be staffed full time, an answering machine was used. This did not work well, because most people did not leave a message; only 10 messages were left during the entire project. The sponsor attributed this to many people being uncomfortable with or fearful of machines.

In general, sponsors reported conducting more and more intensive recruitment activities during the demonstration period than they had previously been able. In particular, Mercer County EOC had intensive recruitment efforts for the demonstration.

One of the reported barriers to participation was isolation in rural areas of West Virginia. This was addressed by the selection and hiring of Extension Homemaker outreach workers. These women were members of the community in the targeted area and were accepted by the providers. Additionally, the personal contact between outreach workers and potential providers also helped to alleviate the isolation barrier.

B. Provider Perceptions of Demonstration Activities

Fifteen providers who enrolled in the CACFP during the demonstration were interviewed. Providers reported that the publicity and outreach in West Virginia were beneficial activities. Over half of the providers reported that they were not aware of CACFP before the demonstration (n = 11). Frequent responses regarding how providers learned about CACFP included a friend or by word-of-mouth (n = 10) and the newspaper (n = 6).

Of those surveyed, only a few were licensed prior to the demonstration (n = 2). Regarding why they became licensed, over half of providers reported they wanted to be eligible for CACFP (n = 9), and less than half said it was to get paid by the State for caring for their grandchildren (n = 3) (these providers would not charge their own children to care for their grandchildren, but since the parents of the children are on welfare, Social Services will pay the provider for child care). Over half of the

providers enrolled in CACFP primarily to receive the food reimbursement money (n = 9), while only a few enrolled to provide more nutritious meals (n = 2).

All of the providers received assistance from their sponsor in filling out forms, and most also received information on procedures for becoming licensed. Less than half received additional assistance from the county government, such as help in preparing for inspection and information on how to become licensed (n = 4). No provider in West Virginia received financial assistance from either the sponsor or the county.

Exhibit III-4 presents a summary of the demonstration activities.

Exhibit III-4: Summary of West Virginia Demonstration Activities and Roles

Type of Activity (conducted by Extension Homemaker outreach workers)	Sponsors Implementing this Activity	Description
Home visits to potential providers	Mercer County EOC	List provided by DHR
	Catholic Community Services	Mentoring/referral from meetings
	River Valley Child Development Services	Personal contacts
	Central Child Care	Personal contacts plus DHR list
Telephone calls to potential providers	Mercer County EOC	List provided by DHR and through phone book
	Central Child Care	List provided by DHR
Letters sent to potential providers	Central Child Care	List provided by DHR
Articles in newspaper	Mercer County EOC	Very personal with pictures
	Catholic Community Services	Very personal with pictures
Ads in newspaper	Mercer County EOC	Publicize program, home visits
Public Service Announcements	Mercer County EOC	Aired on radio stations 3-5 times during demonstration
Television spot	Mercer County EOC	On local news
Distribution of brochures, flyers, etc.	Mercer County EOC	Stores, businesses, doctors' offices, hospitals, public assistance agencies
	Central Child Care	Social Service agencies, libraries, doctors' offices, hospitals
	Catholic Community Services	Various areas, especially shopping malls
	River Valley Child Development Services	Health clinics, Social Service agencies, and restaurants
Bookmarks with CACFP ad	River Valley Child Development Services	Distributed in libraries
Meetings with local businesses and organizations	Mercer County EOC	Met with businesses; not very effective
	Catholic Community Services	Extension Homemakers went to various community functions and meetings such as Rotary Club

VII. Summary

Although there were three separate strategies pursued in this demonstration, many of the sponsors and demonstrators conducted the same types of activities. These include:

- using outreach workers to conduct recruiting activities, such as home visits and telephone calls;
- performing publicity activities including distributing of flyers and brochures;
- obtaining media coverage through newspapers, radio, and television;
- coordinating with child care agencies and organizations;
- creating menus and forms to meet the needs of non-English and illiterate/semi-literate providers; and
- providing information and resources to assist providers in passing inspection/licensing process.

These activities were conducted with varying amounts of intensity, and resulted in varying amounts of success. Some patterns emerged from the activities. For example, the characteristics of outreach workers were considered extremely important factors in determining their effectiveness. Important characteristics included enthusiasm, being connected to the community, cultural acceptance/knowledge of the population, being friendly, approachable and persistent, and having prior experience with CACFP or low-income providers. Additionally, activities that were successful in one area were not necessarily successful in another. For instance, media activities were reported to be highly successful in West Virginia, but not very successful in Nashua. Because the effectiveness of any activity is highly dependent upon the context in which it is operating, this finding is not surprising. Overall, activities that were conducted with a high level of intensity tended to be more successful than activities that did not have a high level of effort.

Exhibit III-5 describes the reported effectiveness of various activities conducted during the demonstration. A single type of activity could be reported as successful in one state and not successful in another. As discussed in the body of this report, context and method of implementation account for the variation in level of effectiveness. The exhibit is presented by type of activity in alphabetical order, rather than in any order by effectiveness or chronological order.

Exhibit III-5: Summary of Activities Conducted During Demonstration and Reported Success

Advisory Group/Council	Planning Council	Sponsor reported as successful—drafted and worked to pass legislation
	OECD	Not effective - group met once but no activities
Develop materials and forms suitable for illiterate or non-English-speaking providers	GNCCC	Sponsor reported as successful
	Ohio Hunger Task Force	Sponsor reported as successful and used by providers
	Planning Council	Activity was not completed during demonstration; not successful
	New Mexico	State Agency reported Spanish forms as useful and successful; wordless menu not yet implemented
Financial assistance to providers	Ohio Hunger Task Force	Sponsor reported activity as very necessary and successful
	GNCCC	Sponsor reported as effective and transferred money to this activity to increase its effectiveness
	New Mexico	Only one sponsor set up loan program and few providers used it. There was resistance by agencies' financial offices to administering loan program.
Mentoring	Ohio Hunger Task Force	Sponsor reported as extremely successful and effective
Publicity through brochures, fliers, etc.	OECD	Demonstrator reported activity as successful
	New Mexico	State Agency reported activity as successful
	West Virginia	Some sponsors reported as effective; some sponsors reported only limited success with this activity
Publicity through media (e.g. newspaper, radio, television)	GNCCC	Sponsor reported activity as not effective in producing referrals
	OECD	Demonstrator reported activity as successful
	New Mexico	Sponsors reported activity as having limited success
	West Virginia	Sponsors reported as extremely effective

Exhibit III-5: Summary of Activities Conducted During Demonstration and Reported Success (continued)

Publicity through meetings and presentations to groups (e.g. civic organizations, government agencies, church groups)	GNCCC	Sponsor reported activity as not effective
	Planning Council	Sponsor reported activity as very effective
	OECD	Demonstrator reported activity as successful
	New Mexico	State Agency reported activity as successful
	West Virginia	Sponsors reported activity as not successful, or having only limited success
Recruit new providers through home visits	Ohio Hunger Task Force	Used network of support group and mentors to target potential providers— this approach was reported as effective
	Greater Nashua	Reported as effective, but dependent upon characteristics of outreach workers
	Planning Council	Sponsor reported as successful
	OECD	Demonstrator reported as effective only with newly licensed providers
	New Mexico	State Agency reported successful; dependent upon characteristics of outreach workers
	West Virginia	All sponsors reported activity as successful; dependent upon characteristics of outreach workers
Recruit new providers through telephone calls or letters	West Virginia	Sponsors reported having limited success

Sponsors and demonstrators chose activities for the demonstration based on the context of their sites and the needs of low-income providers in their areas. The variation in reported effectiveness of the activities is possibly due to the amount of effort with which the activity was conducted and the appropriateness of the activity for the demonstration target area.

Chapter IV

Impact

I. Impact of the Demonstration on FDCH CACFP Participation

This evaluation determined the impact of the demonstration by comparing pre- and post-demonstration rates of participation[1] in the target areas. Comparisons in participation growth were made between demonstration target areas and relevant comparison groups, such as the sponsorship as a whole and the State as a whole. These types of comparisons give a reference point for gauging the extent to which the demonstrations were effective in recruiting providers in the target areas, but they are not control groups. They do not conclusively rule out the effects of other interventions that may have motivated homes to participate in CACFP, but this report discusses the potential effects of other factors that might have affected outcomes, to allow the reader to reach a meaningful conclusion.

Two measures were used to determine the impact of the demonstration of FDCH participation in the target areas: the number of homes recruited into CACFP, which is the number of new homes that signed agreements to participate in the program; and the number of homes submitting claims for meal reimbursements, which is the number of homes actually serving children at the close of the demonstration period. The following discussion presents the impact of the demonstration on four[2] demonstrators that implemented strategies and recruited FDCHs into CACFP. Section II discusses the longer range impacts of the demonstration and FDCH retention, and Section III discusses the cost of the demonstration.

A. Ohio Hunger Task Force, Cleveland, OH

Ohio Hunger Task Force developed two separate goals for its two target areas. The goal on the West Side was to recruit a total of 30 new FDCHs, while the goal on the East Side was to support current providers and increase their retention rates. Ohio Hunger Task Force achieved these goals. Overall, Ohio Hunger Task Force **added 42 homes** during the demonstration period in the West Side; **32 of these 42 homes claimed** meal reimbursements at the end of the demonstration period. The West Cleveland area achieved a **107 percent** increase in FDCH providers that submitted claims. This can be compared with the overall growth achieved by the sponsorship as a whole—**21 percent**. The homes

[1]Pre-post comparisons were made to capture participation changes that occurred between the beginning of the demonstration in October 1990 and its conclusion in September 1991. October was the preferred month for measuring pre-post changes even though the demonstration ended in September. Comparisons of October to September would bias results because September is generally a transition month reflecting shifts from summer to school year child care arrangements. Outreach and recruitment activities that occurred during the last month of the demonstration (September) would not impact until October or later. For late-starting demonstrations in West Virginia, the pre-demonstration measurement was taken in the month just prior to start of demonstration activities; the post-demonstration measurement was taken in October.

[2]The Nashua and Washington, D.C. demonstrations are excluded from the impact analysis on participation. Both demonstrators experienced delays in start-up. D.C. did not recruit any new homes during the demonstration period. However, Nashua recruited 15 providers after the demonstration period. Nashua attributes demonstration activities to the successful recruitment of these new homes.

recruited through the demonstration served 137 more children, which is a 140 percent increase in the number of children receiving CACFP benefits in the target area.

The demonstration in West Cleveland achieved rates of growth that surpassed the experience of the entire sponsorship area. This was especially significant because Ohio Hunger reported that they were recruiting heavily throughout their sponsorship area, and not limiting recruitment activities to low-income providers or to the demonstration site.

While Ohio Hunger Task Force did not recruit in East Cleveland, this area achieved a 9 percent increase in FDCHs. Various organizations including the County government, were providing financial and other support activities on the East Side.

The following Exhibit summarizes the rates of growth for the Cleveland Demonstration.

Exhibit IV-1: Comparison of Growth in the West Cleveland Demonstration Target Area and the Entire Ohio Hunger Task Force Sponsorship[3]

	West Side			Sponsor-Wide		
	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg
FDCH Providers	30	62	+107%	1494	1811	+21%
Children (ADA)	98	235	+140%	4892	6870	+40%

Source: Ohio Hunger Task Force participation for 9/90 (pre-demo) and 9/91(post-demo) for FDCHs submitting claims.

Like the New Mexico target areas, the West Side of Cleveland represented a low rate of CACFP saturation, while the East Side began the demonstration with three times as many providers as the West Side. Clearly, the rate of success appears highly related to the level of CACFP saturation in an area (i.e. more recruitment potential occurs where there are fewer CACFP providers).

Since Ohio Hunger Task Force is one of 12 sponsors serving Cuyahoga County in Ohio, it is possible that the recruitment efforts of other sponsors could also have contributed to FDCH providers deciding to participate in CACFP through Ohio Hunger Task Force. However, other information gathered in the evaluation supports Ohio Hunger Task Force's assertion that mentoring and assistance was instrumental in the recruitment of 42 providers. Eight from a sample of 10 providers reported that their decision to participate was favorably affected by the types of support and assistance provided by Ohio Hunger Task Force in the demonstration.

[3]Exhibit IV-1 and similar exhibits for other demonstrations present data on total growth in the target areas and not just low-income growth. However, demonstration target areas are primarily low income.

B. The Planning Council, Norfolk, VA

Although The Planning Council proposed to conduct the demonstration in a target area in southeast Virginia[4], the demonstration activities included some that were applied specifically in the target area and others that could have affected providers throughout the State of Virginia. Direct recruitment of providers took place in the target area (1) in conjunction with a grant from HUD to recruit, train and certify FDCHs in federally-funded housing projects; and (2) in rural areas on the Eastern Shore. Coordination with Social Service agencies occurred through meetings with county social service directors. These meetings occurred first in the target area, and then continued throughout State. An advisory group of CACFP sponsors was established to develop a bill to register FDCH providers Statewide, which would also affect FDCHs Statewide.

Determining the effect of this demonstration through pre-post comparisons does not result in a precise statement of effects because the demonstration activities were not confined to the target area. Hence, this discussion presents information from a variety of sources to draw conclusions about the success of the demonstration.

The Council set a goal of recruiting 50 new providers in the target area through the demonstration. According to the demonstration application, however, the agency viewed the general process of enrolling providers and establishment of the advisory committee as measures of success. The committee was successful in drafting the legislation to simplify the child care licensing process in Virginia, thereby facilitating the enrollment of providers in CACFP. This legislation was enacted, although it was not implemented during the demonstration period. The Council met individually with Social Services personnel, educated them regarding CACFP, and promoted cooperation between organizations. According to the Council's Director of Dependent Care, meetings were conducted in the target area, as well as in every county in the State.

According to quarterly reports submitted to FNS, the Council reported that 72 homes entered the CACFP in the target area directly as a result of demonstration efforts. However, some of the providers identified as recruited through the demonstration activities are located outside of the target area. In the post-demonstration interview the Council was asked to report the number of FDCHs that enrolled in CACFP as a result of the demonstration activities. The Council Stated that 148 enrolled overall, with 25 recruited in Norfolk in conjunction with the HUD project, and 24 recruited in rural areas on the Eastern Shore of Virginia (or a total of 49 in the target area). An additional 84 were identified as enrolling in CACFP as a result of the coordination activities. The remaining 15 were not linked to a specific demonstration activity.

[4]The target area consisted of Norfolk, Portsmouth, Virginia Beach, Chesapeake, Suffolk, North Hampton County, Accomac County, Isle of Wight, Newport News, and Hampton, according to information provided on the pre-demonstration questionnaire submitted to FNS.

Participation statistics reported by the Council showed 78 more homes submitting claims in the target area at the close of the demonstration period, or a 25 percent increase. FNS' Regional office reported that all nine sponsors in the target area experienced a 21 percent increase in homes submitting claims, although sponsors other than the Planning Council were not known to be targeting low-income FDCHs.

The Planning Council's enrollment grew by only 7 percent[5] in Virginia, and the State's overall growth was 20 percent. While the demonstration activities probably contributed to enrollment, other routine recruitment activities of the Planning Council and sponsors could also have influenced the numbers of homes that enrolled in both the Planning Council and the State. Participation information is summarized in the Exhibit below.

Exhibit IV-2: Comparison of Growth in the Planning Council Demonstration Target Areas With All Sponsors Operating in the Target Area, the Planning Council Sponsorship in Virginia and the State of Virginia

	Target Area			All (9) Sponsors in Target Area			Planning Council in Virginia			Virginia		
	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg
Homes	311	389	+25%	720	870	+21%	462	493	+7%	2566	3071	+20%
Children (ADA)	1854	2800	+51%	2701	3203	+19%	1482	1610	+9%	7698	9465	+23%

Sources: The Planning Council and FNS Mid-Atlantic Regional Office for pre-demo (9/90) and post-demo (9/91) data

Interviews were conducted with 10 providers recruited by the Planning Council, five in Norfolk and five on the Eastern Shore. The information reported by the providers support the conclusion that the demonstration activities influenced their decision to participate in CACFP. Seven stated that they received one or more of the following types of assistance: information about licensing/approval, help in preparing for inspections, and help in filling out forms. This confirms the activities of the outreach workers. Four reported receiving assistance from Social Services, which suggests that the coordination with Social Service agencies was effective. Nine of the ten providers reported their income. All were below $25,000, with four under $9,000.

[5]The Planning Council reported that its growth rate in Virginia was adversely affected by reductions in its coverage areas during the demonstration period. The Council gave up sponsor roles on some military bases, and in some areas of the State that it believed could be better served by other sponsors.

Even though the information obtained from the Planning Council does not lend itself to a precise statement of the increase in participation directly attributed to demonstration activities, the evidence points to a successful demonstration. The information reported for this demonstration indicates that the demonstration activities were implemented successfully (recruitment and coordination activities were accomplished), and that they are logically linked to the enrollment of low income FDCH providers. However, CACFP growth rates are the same for other sponsors in the target area and it is difficult to determine to what extent other factors may have increased CACFP participation

C. New Mexico Department of Health and Environment

The New Mexico State Agency targeted the demonstration through two sponsors that began serving FDCHs about a year prior to the demonstration. They were selected by the State because both sponsors had recruited relatively few homes in their first year of sponsorship and the State believed that there were many more providers that could be recruited into the CACFP program. In addition to the outreach and direct recruitment activities, the State also used the demonstration funds to develop materials to overcome language and literacy barriers. These were made available to the demonstration sponsors, as well as all sponsors in the State.

Initially, 300 new homes was the goal set for the demonstration. However, it was soon apparent that this was an unrealistic goal, considering the rural and isolated nature of the demonstration area. The goal of 300 was not achieved, but the State Agency and the two participating sponsors labeled the efforts a success because a substantial number of new FDCHs were signed up in areas where there were few CACFP providers. Further, they pointed out that the demonstration did succeed in reaching the Native American and Hispanic providers targeted for the demonstration.

During the demonstration period the State Agency worked with sponsors and developed materials to overcome language barriers (a picture reference manual using smiling and frowning faces to describe allowable and unallowable foods, and a wordless menu that uses stickers to indicate foods served). The manual was developed and distributed during the demonstration period. At the conclusion of the demonstration, the menu was awaiting printing and production. It was scheduled to be pilot tested by 19 sponsors and 38 providers after the demonstration.

The State reported that a total of **141 providers** were recruited into the CACFP program as a result of the demonstration by the Big Brothers/Big Sisters and ZIA sponsors. Of the 140 recruited, **81 homes submitted claims** at the close of the demonstration. This represents a **135 percent increase** in the number of homes submitting claims for reimbursement in CACFP since the demonstration began in the target area. These homes served 513 children. During this same period, the State of New Mexico experienced a **24 percent increase** in the number of homes submitting claims, which indicates that

recruitment in the demonstration target area far surpassed the normal rate of growth in the State. Further, the State's rate of growth reflects all homes entering the CACFP program, while the demonstration area was selected specifically because the population is largely low income. Hence, it appears that the demonstration was highly effective in New Mexico.

Exhibit IV-3 below shows growth experienced in the target area and the entire State.

Exhibit IV-3: Comparison of Growth in the New Mexico Demonstration Target Area Versus the Entire State

	Demonstration			State-Wide		
	Pre-Demo	Post-Demo	% Chg	Pre-Demo	Post-Demo	% Chg
FDCH Providers	60	141	+135%	3042	3777	+24%
Children (ADA)	231	513	+122%	11162	14273	+28%

Source: ZIA and BB/BS sponsors for demonstration; New Mexico State Agency for Statewide. Pre-post comparisons used October data; post-demonstration data is the number of homes actually submitting claims.

Because the demonstration was not implemented to include control or comparison groups, the participating sponsors were asked what they would have been able to achieve in the absence of the demonstration. ZIA stated that the rate of growth would have been less than that for the prior year's recruitment (during which most accessible, not necessarily low income homes were recruited) and that the demonstration should be credited with 60 percent of the growth achieved. The BB/BS agreed with this assessment and estimated that the demonstration efforts could be credited with 75 percent of the growth.

Information collected from FDCHs supports the conclusion that the demonstration activities impacted on their decision to participate. Based on interviews with 15 providers recruited in New Mexico, 14 reported that they received the types of assistance that the demonstration outreach workers provided (assistance in preparing for inspections, filling out forms, and finding out how to become licensed or approved). Ten of the 15 providers in New Mexico reported incomes below $20,000, which indicates that the demonstration succeeded in recruiting low-income providers.

D. West Virginia Department of Education

According to the West Virginia State Agency, measurement of success was not limited to increasing the participation of low-income FDCHs in CACFP. The State Agency viewed the demonstration also as having the goal of providing a base of experience to support the future direction of the program, the continuation of recruiting low income FDCHs.

Data from the State Agency and the following three[6] sponsors were used to measure impact:

- Catholic Community Services, Morgantown
- Mercer County Economic Development Corporation
- Central Child Care, Charleston

Direct outreach to potential providers was delayed in West Virginia for two reasons. First, the State Agency did not want its routine recruitment efforts to contaminate the demonstration, so it delayed the demonstration for 6 months after sending recruitment letters to State Department of Human Resources' funded providers; second, the State was concerned that outreach workers would not be able to travel on rural back roads to recruit providers until the spring thaw. Recruitment activities began in the State in May, and one of the sponsors (Catholic Community Services) did not begin until June. This resulted in a relatively short demonstration period, and much less effort to recruit new providers, in comparison with the other demonstrations.

Based on information provided by the State Agency and the participating sponsors, the demonstration resulted in an **additional 50 homes** signing agreements to participate in CACFP. These homes were recruited by three of the participating sponsors. The three sponsors made meal reimbursements to **35 more homes** at the close of the demonstration period than they had at the beginning. These homes served 93 additional children and represented a **56 percent increase** in the number of homes submitting claims in the demonstration area. It compares to a **13 percent increase** in the total sponsorship areas covered by the three demonstrators, and a **7 percent increase** in the State during this period.

Exhibit IV-4 compares the results of the three sponsors that recruited new providers to the total sponsorship areas, and with the State as a whole.

West Virginia sponsors tracked recruitment of FDCHs through the Extension Homemaker outreach workers. Only those FDCHs in the target areas that enrolled in CACFP through the direct contact or activities of the outreach workers were attributed to the demonstration. This is substantiated by the provider responses. All of the providers in West Virginia reported that they received assistance in filling out forms, and most received information about becoming licensed. Eleven of 15 providers interviewed in West Virginia reported incomes below $20,000. This further supports the success of the demonstration, indicating that low income FDCHs participated.

[6]Five sponsors were involved in the demonstration. Two were not successful in recruiting any FDCHs. One of the two was interviewed, but impact data are reported only for the three sponsors that succeeded in recruiting FDCHs.

Exhibit IV-4 Comparison of Growth in Three West Virginia Demonstration Target Areas (Morgantown, Mercer County and Charleston) With Total Sponsorship Areas and the State of West Virginia[7]

	Three Target Areas			Three Sponsorship Areas			West Virginia		
	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg	Pre Demo	Post Demo	% Chg
FDCH Providers	63	98	+56%	456	517	+13%	789	842	+7%
Children (ADA)	291	384	+32%	1411	1414	0%	1888	1798	-5%

Source: Target and sponsorship areas from three target sponsors; Statewide from West Virginia State Agency for FDCHs submitting claims. Pre-demo data varied by sponsor start-up (May for Charleston and April for the other sponsors). Post-demonstration data was for October and represents data for homes actually submitting claims.

II. Retention in CACFP

Every sponsor reported that many of the homes enrolled as part of the demonstration project were still participating in the CACFP 6 months after the demonstration period ended, while some had dropped out. Following is an exhibit of the number of providers that enrolled during the demonstration period but dropped out within 6 months. The exhibit also details sponsors' perceptions of why the demonstration homes may have dropped out.

The primary reason for loss of homes was that the provider did not have children to care for, and therefore could not participate in the program. Some providers stopped providing child care because they took a job outside the home. Only 8 percent of the drop-outs were attributed to the perception that the program was burdensome or intrusive.

[7]Does not include two sponsors and target areas that were not successful in recruiting any new homes during the demonstration period.

Exhibit IV-5: Number[8] of Providers Who Enrolled During Demonstration, but Dropped Out Within Six Months, and Reasons for Dropping Out

	Provider Dropped Out	Provider Moved	Provider No Longer a Caregiver	Still a Caregiver; No Longer in CACFP	Don't Know	Other
OHIO HUNGER TASK FORCE	13	3	8	1		1
			Went back to work; lack or no children	Provides care on irregular basis		Transferred to another sponsor
THE PLANNING COUNCIL	19	3	8	1	7	
			No children	Program too burdensome; parents like bringing food		
NEW MEXICO	59	X	X	X		X
			Turnover of children; enrollment drops in summer	Paperwork		Fear loss of Food Stamps; perceive CACFP as welfare
WEST VIRGINIA	12	4	3	3	1	1
			No children	Paperwork; Program too Intrusive		Failed Health Standards

The greatest decrease occurred in New Mexico. One New Mexico sponsor attributed the attrition to the high proportion of relative care. These informal arrangements, which often do not involve monetary payment, are easily affected by family disagreements or disputes. The sponsor also stated that the Native American providers move more often than providers in general. The State Agency clarified that sheep herding is the occupation of many Native Americans, and that they travel with the herds to new grazing lands.

The 6-month follow-up also determined whether sponsor and target areas had shown a net increase or decrease in the number of providers since the end of the demonstration. The following Exhibit details the findings.

[8]An "X" is shown to indicate reasons when numbers were not provided by the demonstrator.

Exhibit IV-6: Change in Number of Providers in Target and Sponsor Areas at Six Month Follow-up[9]		
	Change in Target Area	Change in Sponsor Area
OHIO HUNGER TASK FORCE	+4%	+7%
NEW MEXICO (BB/BS and ZIA)	+77%	+13%
MORGANTOWN, WVA	+89%	+17%
MERCER COUNTY, WVA	-24%	+5%
CHARLESTON, WVA	+15%	+24%
HUNTINGTON, WVA	+17%	+7%

All sponsors who participated in the demonstration recruited additional FDCHs in their sponsorship areas. Most sponsors also showed a net increase in the number in their demonstration target area despite losing some of their demonstration-enrolled providers. New Mexico had an increase of 77 percent in the target area, despite losing 59 of the providers enrolled during the demonstration. Only one sponsor showed a decrease, losing eight providers, for a 24 percent decrease. The decrease was attributed to lack of demand and paperwork. It should also be noted that the Greater Nashua Child Care Centers was able to enroll 15 homes in CACFP in the target area six months after the demonstration. This may reflect the fact that it takes more than a year to recruit, license, and enroll homes in CACFP in some areas.

III. Cost of the Demonstration

The following table illustrates the costs of the demonstration based on information provided by the sponsors (with the exception of New Mexico, for which only State-level data were obtained). Data were obtained through personal interviews and from Quarterly Reports to FNS submitted throughout the demonstration period. All of the sponsors stayed within their budgeted amounts, except Ohio Hunger Task Force, which reported spending $47 in excess of the grant total. It is interesting to note that both West Virginia and Greater Nashua spent substantially less than the budgeted amount. The low expenditure of Greater Nashua can be explained by the fact that they received their funding late in the demonstration period. West Virginia sponsors started demonstration activities at least 6 months after the demonstration began, and the State explained that the low expenditure reflected the cultural value of being thrifty. OECD in Washington, D.C. reported expenditure of all of its funds.

[9]Change in participating providers represents and increase or decrease in target areas since the end of the demonstration period (September 1991). Data for the Planning Council is not included.

Exhibit IV-7: Cost of Demonstration Activities and Amount of Funding for Demonstration

	Ohio Hunger Task Force	The Planning Council	New Mexico	West Virginia	Greater Nashua	OECD, D.C.
STAFF	0	7,200	27,658	5,816	7,101	4,000
TRAVEL	0	300		220		
SUPPLIES	6,661 **	3,200	2,884	721	575	6,000
COMMUNICATIONS	1,289	500	402	864	1,809	
OTHER	6,697 ***	3,681	9,057	1,306	339	
TOTAL SPENT	14,647	14,881	40,001	8,927 *	9,824	10,000
REQUESTED IN PROPOSAL	14,600	15,000	40,000	40,000	14,575	10,000

* Not permitted to use funds to supplement existing staff salaries.
** Supplies includes resources for small grants and equipment purchases.
*** Other includes stipends paid to mentors.

IV. Summary

The primary measures of impact of the demonstration are related to whether FDCHs in low income areas were recruited into the program and the extent to which they continued. The demonstration was successful in terms of the numbers of providers recruited and enrolled into the program and the number that submitted claims. In most instances the rate of growth in the target areas greatly surpassed growth rates in surrounding areas (entire States and sponsorships where low-income FDCHs were not likely to have been targeted). In addition, growth in the target areas represents success in expanding the Program in hard-to-serve areas. Also, providers indicated the demonstration activities encouraged their participation. Another important indicator of success was ongoing recruitment of providers. All target areas showed a net increase in number of providers 6 months after the demonstration ended in the low income target areas. Overall, these findings indicate that the demonstrators were able to develop and implement strategies that were effective in recruiting FDCHs in low income areas, and that recruitment continued to be successful after the demonstration ended. In addition, two-thirds of the FDCHs recruited through the demonstration still participated in CACFP six months after the demonstration ended.

Chapter V

Participation

Chapter V. Participation

This chapter describes participating providers, including the length of time providing care reasons for participating in CACFP, and household characteristics. Also presented are data on the impact of the demonstration on meals served in FDCHs. This is followed by a section that addresses the characteristics of the children in care in the family day care homes.

I. Characteristics of the New Family Day Care Homes

Home visits and interviews were conducted with 50 providers, which represents 16 percent of the total number recruited through the demonstration. Of the total recruited in each site, this represents:

- 23.8 percent for Ohio Hunger Task Force in Cleveland
- 13.8 percent for The Planning Council in Virginia
- 10.7 percent for New Mexico demonstration sponsors
- 30 percent for West Virginia sponsors

These providers were selected in consultation with demonstrators to represent all of the participating FDCHs, and, where feasible, the entire geographic area covered in the demonstration. In general, FDCHs were restricted to ones that were a few hours' driving distance from the sponsors' locale.

A. Why FDCHs Became Licensed and Enrolled in CACFP

According to the sponsor/demonstrator interviews, the New Mexico State Agency, Ohio Hunger Task Force, and West Virginia State Agency all reported that the most important, and often only, reason for getting licensed/registered/approved, etc. was to be able to enroll in the CACFP. The Planning Council and OECD in D.C., however, stated that there were reasons for becoming licensed separate from being on CACFP. These reasons included getting other government reimbursements and complying with the strict licensing laws.

This information is supported by data gathered from the provider survey (no providers were recruited in D.C. and Greater Nashua during the study period). In New Mexico, Ohio, and West Virginia, 63 percent of the sampled FDCHs indicated that they became licensed or registered to receive CACFP benefits. The next most frequently cited reason, "Likes children,"was only selected by 6 percent of the respondents in the three areas.

However, at The Planning Council, only 20 percent of providers responded that they became licensed to join CACFP, while 50 percent wanted to comply with local licensing laws and 30 percent wanted to be able to care for more children.

Reasons why FDCHs enrolled in CACFP were as follows:

- Forty-six percent wanted to provide more nutritious meals for the children (this was the most frequently given answer by respondents from both New Mexico and The Planning Council);
- Thirty-six percent wanted CACFP to cover cost of food bills (the most popular answer in both Ohio and West Virginia);
- Sixteen percent of respondents wanted CACFP for their own children, and 12 percent wanted training in health and safety, child development, or menu planning and food preparation.

B. Impact of CACFP Participation on Meal Service

In the areas surveyed, 78 percent of providers reported that they had changed the meals they offered the children in some way as a result of participating in CACFP. This was predominant in Ohio, where 90 percent reported a change. Forty-six percent of providers reported serving more food, as opposed to only 4 percent serving less food. This shows that the CACFP funds are probably providing more and better quality food to children than would otherwise be served. Types of changes providers commonly reported included the following:

- Sixty-four percent began serving more fruits and vegetables.
- Forty-six percent served milk with each meal.
- Forty-two percent served full strength fruit juice rather than sodas and other drinks.
- Thirty-two percent eliminated or served fewer sugary and salty snacks.

These changes are consistent with the CACFP food requirements.

Parents also noticed the changes in the meals being served to their children in the day care homes. Almost 75 percent of providers reported that parents had commented to them about the changes. Among the most frequent comments:

- Fifty-two percent were pleased that their children have been receiving more nutritious meals.

- Eighteen percent were happy with the additional food being served.
- Fourteen percent noticed that their children have been more willing to eat nutritious food at home now that they are receiving it at the day care home.
- Fourteen percent were glad to not have to pack meals for their children every day.

Along with investigating changes in meals, providers were asked which meals they were claiming for CACFP reimbursement. The most common meal service was lunch, supper, and an afternoon snack, with 30 percent reporting this pattern (program regulations allow for FDCHs to get reimbursed for up to three meal services per day, one of which must be a snack). The next most common pattern was that 20 percent served all meals and both snacks (this occurs when children are in care at varying times so every child is not necessarily receiving all meals and both snacks). However, there was some variation by State. New Mexico and Ohio Hunger Task Force providers served primarily lunch, supper and afternoon snack, whereas this was not as frequent a meal pattern in The Planning Council or in West Virginia.

Sixty-six percent of respondents indicated that the CACFP reimbursement they received for these meals covered the expense of feeding the children they cared for, while 34 percent reported that it did not cover the expense. All of the providers surveyed said they planned to continue in the CACFP program.

C. Length of Time Providing Care

Twenty-eight percent of the providers had been caring for children in their home less than 1 year, 32 percent from 1 to 5 years, and 20 percent for 5 to 10 years. Another 20 percent have been caring for children over 10 years (80 percent of this group was from New Mexico). The fact that the providers had been caring for children for many years indicates that the demonstration was successful in recruiting from its target audience—existing providers who were not in CACFP.

D. Income and Household Size of Providers

A large proportion of the providers (44 percent) reported an annual pre-tax household income under $9,000; three quarters (74 percent) had incomes below $20,000. Ohio and Virginia had the largest percent of annual incomes reported to be under $15,000. While providers in West Virginia also reported that the majority of households had incomes under $20,000, this was the only State that had any providers reporting annual incomes to be above $42,000.

The most common family composition among providers (38 percent) was two adults and one or two children. Single-adult households never reported more than two children of their own, and 24 percent of homes with between one and four adults had no children. Family composition was distributed similarly among the four states. Based on the joint distribution of income and household size, it is apparent that a substantial proportion of the providers are low-income. Exhibit V-1 presents annual income of providers as compared to household size.

Exhibit V-1: Annual Income of Providers Compared to Household Size
N = 49

	Number of Household Members								
ANNUAL INCOME	1	2	3	4	5	6	7	8	TOTAL
$0 - $9,000	2		10	4	4	1		1	22
$9,001 - $15,000		2	2	1		2			7
$15,001 - $20,000		2	2	3		1			8
$20,001 - $25,000			1	1			1		3
$25,001 - $35,000		2	1	3		1			7
$35,001 - $42,000									
Over $42,000				1		1			2

The incidence of government benefits received by the providers also indicates that many are low-income. Ohio Hunger Task Force and West Virginia providers reported that their household received the most Federal assistance of all the providers sampled. The most frequent benefit was Food Stamps (received by 25 percent of all providers). One provider reported a family member receiving unemployment benefits.

Many of the FDCH providers claim their own children for CACFP reimbursement, again indicating that many of them are low-income. Prior to the demonstration, the States estimated that 50 percent of the providers in Ohio, 34 percent in New Mexico and 25 percent in West Virginia have their own children enrolled in the CACFP. The Planning Council did not provide this information.

Of the 245 children in the care of the 50 providers interviewed in the evaluation, 47 are children of providers. Almost 50 percent of their own children were claimed for CACFP reimbursement. More providers' children were claimed in New Mexico (66 percent) and Virginia (63 percent) than in West Virginia (43 percent) or Ohio (38 percent).

E. Location of Providers' Home

Providers were selected from rural and urban areas for interviews, and were representative of the population recruited as a result of the demonstration. Rural demonstrators, in particular, tended to begin recruitment in close proximity to the sponsor's or outreach worker's location to facilitate supervision of new outreach workers.

As the demonstration continued, outreach workers extended their territory, hence, while targeting rural areas was a strategy for some sponsors, providers were usually first recruited closer to the location of the sponsor.

All of the providers in Ohio were located in a large city, while in Virginia the distribution ranged from large city to rural areas. In New Mexico, one-third of the providers came from a medium to small city, and two-thirds from a rural area. In West Virginia, 40 percent were in a suburban area, and 60 percent in a rural area. Overall, the largest group, 44 percent of the providers came from a rural area. This is illustrated in Exhibit V-2.

Exhibit V-2: Location of Home

	LARGE CITY %	MEDIUM TO SMALL CITY %	SUBURBAN AREA %	RURAL AREA %	100% (N)
OHIO HUNGER	100.0	0.0	0.0	0.0	10
PLANNING COUNCIL	20.0	40.0	10.0	30.0	10
NEW MEXICO	0.0	33.3	0.0	66.7	15
WEST VIRGINIA	0.0	0.0	40.0	60.0	15
TOTAL OVERALL	24.0	18.0	14.0	44.0	50

Percents are based on row totals.

F. Age of Provider

The age of the provider varied greatly among the four states. As shown in Exhibit V-3, only 6 percent of the providers were under 25 years of age, 50 percent of the providers were between 26 and 40 years old, and 6 percent were between 41 and 50. Interestingly, 38 percent of the providers were over 50. This was most common in New Mexico, where over 53 percent of total providers were over 50 years of age. This finding corresponds to length of service.

Exhibit V-3: Age of Provider							
	21 - 25 %	26 - 30 %	31 - 35 %	36 - 40 %	41 - 50 %	OVER 50 %	100% (N)
OHIO HUNGER	0.0	20.0	10.0	20.0	20.0	30.0	10
PLANNING COUNCIL	10.0	20.0	20.0	10.0	0.0	40.0	10
NEW MEXICO	6.7	6.7	20.0	13.3	0.0	53.3	15
WEST VIRGINIA	6.7	13.3	33.3	13.3	6.7	26.7	15
TOTAL OVERALL	6.0	14.0	22.0	14.0	6.0	38.0	50

Percents are based on row totals.

G. Educational Level of Provider

The majority of the providers reported that they had received a high school diploma (44 percent), and 24 percent attended some college, but none of the providers had received only a Bachelors' Degree from college. There was one provider from West Virginia, however, who had received a Master's Degree in Education and Health. All providers in Virginia had completed at least through the 9th grade; only 12 percent of all providers had educational levels below 9th grade. Exhibit V-4 illustrates the educational level of providers.

Exhibit V-4: Educational Level of Provider							
	Below 9th Grade %	9th - 12th Grade %	High School Graduate %	Some College %	Bachelor Degree %	Beyond Bachelor Degree %	100% (N)
OHIO HUNGER	20.0	30.0	30.0	20.0	0.0	0.0	10
PLANNING COUNCIL	0.0	40.0	30.0	30.0	0.0	0.0	10
NEW MEXICO	13.3	6.7	53.3	26.7	0.0	0.0	15
WEST VIRGINIA	13.3	6.7	53.3	20.0	0.0	6.7	15
TOTAL OVERALL	12.0	18.0	44.0	24.0	0.0	2.0	50

Percents are based on row totals.

H. Length of Time in CACFP

The majority (86 percent) of the providers reported that they had been enrolled in CACFP for less than one year. None had participated in the program previously, or dropped out and reenrolled during the demonstration. This is evidence to support the conclusion that providers were recruited for CACFP through demonstration activities.

I. Hours of Care

The majority of the providers (62 percent) offered between 10 and 12 hours of care per day, Monday through Friday. No provider offered less than 7 hours of care per day, and 16 percent offered between 7 and 9 hours per day. None offered more than 18 hours per day. Hours of care provided on the weekends was considerably more limited, and only available from 24 percent of the providers. Of those, 75 percent provided between 7 and 12 hours of care per weekend day. Weekend care was found to be most common in Virginia (42 percent of total weekend care).

J. Fees for Care

The majority of the providers charged for care by the week (72 percent), as opposed to by the day, and no providers reported charging on an hourly basis. Almost 14% of providers did not charge any fee (80 percent of these were in New Mexico and are believed to be caring for relatives). Over 54 percent charged between $35 and $55, and less than 8 percent charged either less than $35 and only 4 percent charged greater than $68 per week. No provider charged over $70 per week. Of the providers who charged for care on a daily basis, over 57 percent were in New Mexico. The most common daily rate was between $9.01 and $12.00 per day, with a minimum of $3.00 and a maximum of $15 per day.

When comparing these results with findings from the CCFP Descriptive Study, fees charged by demonstration providers in 1991 were very similar to those charged in 1986, with both studies finding that 10 percent of providers sampled charged nothing for care, and the most common fee (26 percent in both studies) was $45-$56 per week, followed by $34-$45 per week (reported by 26 percent of the providers in both studies). In addition, in the CCFP Study, nearly 4 percent of the providers reported charging over $80 per week for care, as compared to no providers in this demonstration. While inflation should have resulted in increased fees for care over the last 5 years, this was not found to be the case when comparing these two studies. This suggests that the demonstration did in fact serve the low-income population.

II. Income and Other Characteristics of the Children in the Care of the New Family Day Care Home Providers

The 245 children cared for by the 50 sampled providers were from a total of 133 different families; 104 of these families responded to a mail survey. The most common household size (47 percent) was four members, with only 7 percent having household sizes of six or seven members. The geographic location of the families was fairly evenly divided between urban and rural locations, with a small percentage in suburban locations.

The majority of the families were low-income. Of the 104 households, 41 percent qualified for free meals and 17 percent for reduced meals. As reported by the parents, 41 percent were not low-income, and thus ineligible for free or reduced meals (income data was not provided by 3 percent of responding families). New Mexico reported the largest proportion (55 percent) of families not eligible for free or reduced price meals. The summary of income status of families is illustrated in Exhibit V-5.

Families also reported receiving other benefits, with over 23 percent receiving food stamps, 22 percent WIC, and 7 percent AFDC. These other benefits were most common among families in West Virginia and Virginia, and were not common in New Mexico or Ohio.

Exhibit V-5: Summary of Income Status of Families

	QUALIFY FOR FREE MEALS	QUALIFY FOR REDUCED PRICE MEALS	NOT LOW-INCOME	TOTAL
OHIO HUNGER PLANNING COUNCIL	7	6	5	18
	15	2	6	23
NEW MEXICO	8	6	18	32
WEST VIRGINIA	13	4	14	31
TOTAL	43	18	43	104

III. Summary

The primary measures of impact of the demonstration are related to whether FDCHs in low-income areas were recruited into the program, the extent to which they continued, and whether they served low-income children. The data suggests that the areas targeted were low-income, based on the fact that over half of the providers reported incomes at or below $15,000, and three-quarters had incomes below $20,000. Additionally, of the 47 children of providers surveyed in the demonstration, nearly half met FNS' income cut-offs for eligibility for free and

reduced-price meals. These findings suggest that the providers who demonstrators reported to have recruited in their target area are largely low-income and that the demonstration has been successful in recruiting low-income providers.

The majority of parents (58 percent) reported household incomes that would qualify their children for free and reduced price meal benefits in other FNS programs. The proportion of children estimated to be low-income is two-thirds. This suggests that the demonstrators were successful in increasing the participation of low-income children in CACFP.

Appendix A

List of Contacts for FDCH Demonstrations

Demonstrators/Sponsors	Contact Name Address/Phone
Nashua, New Hampshire	Laurie A. Levesque, Executive Director Greater Nashua Child Care Centers, Inc. 2 Shattuck Street Nashua NH 03060 603-883-4431
Ohio	Anne Kackley/Elaine Zabor Ohio Hunger Task Force Northeast District 7110 Whipple Avenue NW - Suite D105 North Canton OH 44720 216-497-7830
Norfolk, Virginia	Kathryn Wolf, Director of Dependent Care The Planning Council 130 West Plume Street Norfolk VA 23510 804-622-9268

Demonstrators	Contact Name Address/Phone
District of Columbia	Tanya Bender Office of Early Childhood Development (OECD) Department of Human Services Commission on Social Services Office of the Commissioner Washington DC 20001 202-727-5930
New Mexico	Martha Applegate New Mexico Department of Children, Youth and Families Family Nutrition Bureau P.O. Drawer 5160 PERA Building, Room 111 Santa Fe NM 87502 505-827-9967

Demonstrators (cont'd)	Contact Name Address/Phone
West Virginia	Robin Ziegler Child Nutrition Programs State Department of Education Capitol Complex, Building 6, Room B-248 Charleston WV 25305 304-558-2708

Sponsors	Contact Name Address/Phone
New Mexico	Lou Ann Pressler Big Brothers/Big Sisters [Connections] P.O. Box 1437 Gallup NM 87305 505-722-9202
	Linda Chavez/Pat Gonzalez ZIA - CACFP [formerly Valencia Council] P.O. Box 254 Estancia NM 87016 505-384-5100
West Virginia	Kim Vinson Central Child Care of West Virginia P.O. Box 5340 Charleston WV 25361-0340 304-340-3667
	Carolyn Custer/Shanna Waters River Valley Child Development Services 1448 Tenth Avenue Huntington WV 25701 304-523-3417
	Darlene Martin/Michelle Buchanon Mercer County Economic Development Corporation 401 Federal Street Room 301-302 Bluefield WV 24701 304-327-3506
	Nancy Campbell Catholic Community Services 713th Street Wheeling WV 26003 304-233-0880

Appendix B

Barriers and Facilitators to Increasing Low-Income Family Day Care Home Participation as Reported by Sponsor/Demonstrator

I. Ohio Hunger Task Force, Cleveland, OH

A. Barriers to Success

This study found that the major barrier on the West Side of Cleveland was the significant amount of individual attention, guidance, and support required to encourage providers to go through the alternate approval process. Many providers expressed fear of the process, because of their mistrust of government agencies. This fear would have been greater if providers had been seeking county licensing without assistance from mentors. The mentors were able to allay much of this fear, and the dedication of the field representative kept them on track. As a result, the mentoring was successful in recruiting significant numbers of new CACFP providers.

The West Side indicated that they encountered problems and were unable to expand the Hispanic support group to include African-American or White providers. In discussions with mentors, it was clear that there was both a professional and a cultural bond between the Hispanic membership. They knew each other from church and from residing together in the community. This may have had a great deal to do with its success and may indicate why non-Hispanics were not interested in joining the group.

The support group on the East Side had a much more difficult time getting started because of the cultural differences between African-American and Hispanic providers, and the fact that the providers were already well established in the program. Other possible reasons include lack of interest or need, and the fact that few natural leaders emerged to serve as mentors.

One reported obstacle to low-income providers' participation in CACFP was the sponsor's perception of a depressed economy. After the demonstration, some providers were dropping out of CACFP because they had few, if any, children to care for. As parents lost their jobs, they no longer required child care. One positive role that the support group played in this regard was to share information about which providers had too many children and which were in need of children.

B. Success Factors

For both target areas, several factors were cited as contributing to the success of the demonstration. These are described below.

One of the main reasons offered to explain the success of the demonstration was the pre-existence of the provider support group on the West Side. Because it had been operating for nearly a year before the demonstration began, the support group had already

established a bond among Hispanic providers. As a result, it was an effective vehicle for identifying mentors, publicizing outreach efforts, and conducting other demonstration activities. The support group on the East Side was much less successful.

Mentoring was considered a very effective strategy for recruiting West Side providers. It allowed new providers to receive individualized attention from a fellow provider in the community, one who both spoke the same language and could identify with the issues and concerns about the program. The mentor also provided hands-on assistance with the paperwork. On the East Side, this type of individualized assistance was also helpful. Illiterate or low-literacy providers were often embarrassed to admit that they could not complete the CACFP forms correctly; only through a slow, delicate process of one-to-one contact were mentors able to supply the needed assistance.

The financial assistance offered on the West Side to help new providers get through the alternate approval process was considered very helpful. This assistance was not necessary on the East Side because the county covered the costs. During the demonstration, when funds were available, the time period required for providers to become approved was reduced to about 2 weeks because of the financial assistance provided.

The attributes of the field representative on the West Side were considered key to the success of demonstration efforts. First and foremost, the field representative was a native Spanish speaker and able to establish a rapport and high comfort level with providers. In addition, she was very committed to CACFP and to bringing more Hispanic providers into the program. During the demonstration period, the field representative worked diligently to ensure that the program would be a success. Finally, in addition to her part-time position with Ohio Hunger Task Force, the field representative worked part-time for the Ohio Cooperative Extension Service, The Ohio State University, teaching nutrition. Her background in nutrition was helpful in her CACFP outreach efforts.

The West Cleveland field representative expended considerable effort throughout the demonstration to ensure cooperation from other key agencies. For example, she met with the Fire Prevention Bureau to explain the purpose of the demonstration project. Although fire inspectors were not required to make these visits to the FDCHs, the field representative was able to convince two of them to cooperate. Other agencies that were closely involved in the demonstration effort were the Red Cross (which helped by providing first aid classes in Spanish), the Department of Human Services (with whom the field representatives shared names of new providers), and the Ohio Cooperative Extension Service, The Ohio State University, (which offered Parent Education Program classes to the new providers).

C. Lessons for the Future

On the East Side, it was found that having the providers suggest mentors worked better than having an outsider select them. An inability to get a support group formed may also relate to the "outsider" issue. As mentioned earlier, some providers were not participating or were dropping out of CACFP because they had difficulty with the CACFP paperwork. These providers were very secretive about their literacy problems; it is possible that the support group format with outsiders present does not work well for problems that are of such a sensitive and private nature; perhaps one-on-one mentoring would be more effective.

On the West Side, it was noted that a much higher level of funding would be needed in the future to sustain the effects of outreach activities. The demonstration funding did not support the required level of effort. In particular, the West Side field representative worked very long hours to ensure the success of the project; none of the funding went toward increasing staff or salaries. It was estimated that the actual cost of the project was double the grant award.

Furthermore, now that the demonstration is over, the sponsor does not have the financial resources to offer the providers mentor incentives or pay for the inspection process. Therefore, enrollment will be much slower because of the amount of time it takes the provider to save the money necessary to complete the inspection and approval process.

II. Greater Nashua Child Care Centers, Nashua, NH

The initial goals were to recruit 10-15 new homes and to improve their retention in CACFP. The recruitment goal was met within 4 months of completing the demonstration, but not during the demonstration period. Furthermore, some providers had dropped out, so the retention rate was not as successful as the recruitment rate.

The biggest barrier to success was clearly the late start. Additional problems and barriers encountered included difficulties working with the health inspector in the area, and the recession, which was affecting the local economy. Many potential providers did not have the resources to make changes necessary to acquire a license, and refused to accept the loan available through the sponsor because they were not certain they could repay it.

The factor most instrumental in success, according to the sponsor, was the outreach worker. She was perceived to be energetic, and had long-standing connections with the Hispanic community. The sponsor gained an understanding of the amount of time and effort needed to recruit low-income providers, and the importance of the characteristics of the outreach workers in successful recruitment activities.

III. The Planning Council, Norfolk, VA

A. Barriers to Success

The Planning Council noted the amount of time and effort spent by the Director and FDCH Coordinator required to get the legislation passed. However they perceived that it was an important objective, and did not believe that this effort interfered with other demonstration activities.

The Planning Council also suggested that low-income providers require multiple contacts and it takes a great deal of time in order to educate them about the program and convince them of its benefits. However, the Council reports that it was time well spent as the providers became active participants in the CACFP.

B. Success Factors

The sponsor stated that the factors contributing most to success in enrolling new providers were the characteristics and attitude of the outreach worker, who was dynamic and very enthusiastic about the project. She had prior experience in reaching low-income households, and was able to work successfully in recruiting new providers.

The sponsor perceived that the coordination promoted by meeting with staff of local Social Services agencies was an effective method of recruiting new providers, and believes this was a factor in the success of the demonstration. Because these providers were already certified through Social Services agencies, they could enter CACFP immediately. Therefore, the information provided to the agency staff addressed one of the few remaining barriers to these providers' participation.

IV. Office of Early Childhood Development, Washington, D.C.

The demonstrator did not receive funding until 2 months prior to the end of the demonstration, and this was perceived as the largest barrier to success of the project. The major goals of the project were to create an interdisciplinary advisory group, increase the number of providers, and create a sponsor to work specifically in Ward 8, the target area. The advisory committee was established and one meeting was held. A goal of recruiting eight new providers was set for the demonstration.

There were few activities conducted during the demonstration period. The demonstrator found that meeting with currently licensed providers was not very successful. It was perceived that the providers did not want the additional paperwork and burden. The demonstrator received a better reception when focusing on providers who were just beginning the licensing process, and will use this strategy in the future.

V. New Mexico State Agency

A. Barriers to Success

The State demonstrator encountered barriers specifically related to setting up the loan program for providers. Initially, the State contracts office was slow to authorize approval for the program. Once the office gained this approval, the sponsors were reluctant to implement the program. Even after ZIA had agreed to the program, their accounting system could not accommodate it. Only Big Brother/Big Sisters (BB/BS) implemented the program.

Another barrier was the retention of sponsor employees, especially the outreach workers. It was difficult to find people for this job, because it was part time and likely to be temporary. Additionally, employees often work independently, to the point of isolation from other outreach workers and sponsor staff, thus eliminating the possibility for monitoring and support. The sponsor and demonstrator arranged one-on-one training and support for the outreach workers to attempt to solve this problem; this was perceived to be effective.

An additional unanticipated barrier to enrolling providers was encountered. On the Navajo reservation, some providers do not have running water or electricity, and therefore cannot meet the CACFP requirements for fresh fruit, vegetables, and fluid milk.

B. Success Factors

It was perceived that a large factor in the success of this demonstration was the high level of coordination and guidance between the State Program Specialist and the sponsors. Because both sponsors were relatively new to the program, they required substantial State involvement during the demonstration.

Another factor related to the demonstration's success was the Program Specialist's extensive background in CACFP sponsorship, which allowed her to provide expert guidance and coordination. Similarly, the characteristics of the outreach workers were perceived as important to the demonstration. The workers who were not enthusiastic or connected to the community were not as effective as those who possessed these qualities.

In the future, the Food Program Specialist would like to devote even more time to working with the sponsors, as she was not able to work as closely with them at the end of the demonstration period, due to other responsibilities. She reported she would have liked to have begun the picture food manual and wordless menus immediately because of the amount of time they required.

One of the lessons that emerged from this project was the importance of carefully screening outreach workers. It was perceived that an outreach worker must have cultural acceptance in the target community to be successful. This can be difficult because the problem of hiring and retaining outreach workers can limit personnel choices. However, characteristics of the outreach worker are a large factor in the success or failure of efforts to recruit low-income providers.

The Program Specialist reported encountering a number of barriers to participation in the program, many of which could be addressed with information and outreach, rather than materials and resources. For example, coordination with other agencies could be improved, which would require staff time but not additional resources. Another change she felt was needed is for the program to have administrative incentive funding that takes into account the additional costs of recruitment and monitoring in rural areas.

VI. West Virginia State Agency

A. Barriers to Success

The flexibility offered to sponsors may have been a barrier to success in that some sponsors required more guidance than was provided to successfully design, set up, and carry out their plans. Furthermore, because there was little communication between the sponsors (the State had one coordination meeting prior to the start of its demonstration period, but there was little technical assistance after that), there was no sharing of information regarding barriers encountered, solutions attempted, etc. Some West Virginia sponsors were more successful than others.

A separate problem, according to the State demonstrator, was that sponsors were so used to rigid rules and regulations that when they were asked to be flexible and develop their own plans, it was difficult for them to adjust to their situation. She also cited the cultural value in West Virginia of being "thrifty" and not spending money as a possible barrier to success.

A cultural barrier encountered in every site in West Virginia was that providers were concerned or fearful of the effect the CACFP reimbursements would have on their income tax status.

Specifically, they were concerned that this money would have to be reported, and they would have to pay tax on this income, in addition to the income they received from child care. Sponsors perceived this fear as legitimate because of the current regulation that CACFP reimbursements are to be reported on IRS 1099 forms.

In every target area, there was a problem in recruiting and retaining outreach workers. Every sponsor hired Extension Homemakers, and every sponsor experienced retention problems. Reasons for this problem included the part-time, temporary nature of the work. Another sponsor felt that Homemakers did not want to conduct the door-to-door activities that were an integral part of the demonstration.

B. Success Factors

Two of the sponsors had a turnover in demonstration sponsor staff that greatly affected activities. In both sites, this was the major event that prevented them from fully implementing demonstration activities. In fact, one of them was not successful in enrolling any new homes during the demonstration period.

The characteristics of outreach workers were also commonly cited as a factor in the success of activities. Characteristics such as being friendly, open, non-threatening, community-based, and enthusiastic were perceived as very important to effectiveness.

Given the opportunity to repeat the demonstration, the State Agency coordinator would give more guidance to sponsors, and use some of the money at the State level for technical assistance and training for the sponsors in designing and implementing activities.

The next section details the perceptions of the individual West Virginia sponsors concerning the problems and opportunities experienced during the demonstration.

C. Individual Sponsors

1. Morgantown

Goals or expected outcomes

The goal of Catholic Community Services was to recruit 50 families; this goal was not met, but they enrolled 65 new children in the program. They pointed out that the referral calls were still coming when the project ended, and they enrolled eight new homes after the demonstration period was officially completed.

Barriers to success

The demonstration activities were not started until June, which may have presented a barrier to showing measurable success. A second barrier related to the recruiting process. Outreach workers used referrals to contact providers, and found that many of the providers were older individuals and not as interested in participating or giving referrals for other providers.

Additionally, a reported cultural barrier to participation concerned the husbands' role in the household. The sponsor claimed to have learned that many men were uncomfortable with "strangers" being in the house when they were away and did not approve of the monitoring process. In addition, while they accepted their wives' caring for children, they did not want them to "run a business."

Success factors

The newspaper article was the key event that contributed to Morgantown's success. It was by far the most effective strategy for obtaining inquiries and referrals to providers. The brochures were considered moderately successful. Another article was published after the demonstration, with similar effectiveness.

2. Mercer County

Goals or expected outcomes

The goal of Mercer County Economic Opportunity Corps was to increase the number of providers by one provider for every 1,000 persons in the population, or a total of 63 providers. They also had a goal of retaining current providers, which had been a problem in the past. While they enrolled only 24 new providers, they still consider the program a success, because the retention rate increased.

Barriers to success

As with most of the sponsors in West Virginia, many of the outreach workers (Extension Homemakers) quit almost immediately, and still more quit during the demonstration. This was a major barrier in Mercer County, as it was in others. The reasons cited for quitting was that it was part-time, temporary work and workers did not want to do door-to-door recruiting.

Additionally, the target area had been enlarged from one county targeted by the State to two counties, both within the sponsorship area. The two counties had different populations and the strategies that worked in Summers County may not have been as appropriate for Raleigh. Another reason for the lower success rate in Raleigh County was that the only outreach worker in the area had a very low level of effort. This is in contrast to Summers County, where the two outreach workers were very enthusiastic and expended a great deal of effort.

Success factors

The most successful strategy was media publicity. The newspaper article, with accompanying pictures, was very effective, as was the television spot. Both were arranged by the Raleigh County outreach workers, and there was a distinct increase in the number of calls after the publicity.

Reasons attributed to the success of the demonstration include:

- The publicity and media activities were successful because they took a personal, human approach. These efforts will continue to pay off in the future;

- Having the additional resources provided by the demonstration was indispensable in carrying out the recruiting activities. The sponsor does not normally do intensive outreach, and so these funds were crucial to the success of the project;

- There was good communication between the sponsor staff and the outreach workers; and

- The two sponsors who worked in Summers County worked almost 40 hours per week, and this high level of intensity was a reason for success. They also were members of the community and had specific characteristics and strategies that they considered important for successful outreach, such as being friendly, understanding, having a low-key approach, choosing appropriate timing for visits, etc.

3. Charleston

Goals or expected outcomes

Central Child Care, in Charleston, wanted to enroll 150 new providers during the demonstration period. After the outreach began, they realized that the goal was unrealistic, considering the difficulties encountered. Only five homes were enrolled as a result of the demonstration.

Barriers to success

Originally, five Extension Homemakers were hired to recruit new homes. Three quit within the first month, and one more was hired later in the demonstration period. This problem occurred in all of the sponsor areas, because of the part-time and temporary nature of the work.

Another barrier to success was that outreach workers had definite ideas about what sections of the target area they wanted to work in, and which ones were dangerous or too far for travel. Because of this, the effort did not cover the entire target area. It was also noted that more guidance was needed from the State.

Success factors

There was a change of staff at the sponsoring agency that was considered a major obstacle to the success of the demonstration. The CACFP coordinator resigned in April, and the new coordinator was not given information or background on the project. In May, the new coordinator left for maternity leave, so there was no coordination or communication during this period.

It was noted that the characteristics of outreach workers were important in effective recruitment. The two outreach workers that were the most effective were considered to have personal qualities that made them particularly successful. These qualities included: being friendly and approachable; being enthusiastic about the CACFP program; being members of the community; and approaching the providers at their level.

Charleston reported they would initiate different activities if they could repeat the demonstration; specifically, they stated that more advertising would be helpful. They believe that using civic organizations was a successful outreach activity, but they recommend being more selective in hiring outreach workers, because their characteristics are so important to the success of recruitment efforts.

4. Huntington

Goals or expected outcomes

River Valley Child Development Services decided to measure success according to the number of possible providers contacted and number of providers enrolled. They wanted to enroll 63 new providers. However, the demonstration did not enroll any new providers because most of the activities were not fully implemented. The sponsor did report some success in publicizing CACFP.

Barriers to success

The major event that caused this demonstration to be unsuccessful was staff turnover. The sponsor director was out on bereavement leave in April and May, so there was little oversight during the start of the demonstration. Additionally, the first CACFP Coordinator was transferred to another project, and the new coordinator was not informed of the program, nor did she have access to the old coordinator.

The project also encountered turnover problems among the outreach staff. Some quit, and those who stayed did not have enough initiative or incentive to do the intensive outreach that was necessary to recruit providers. Additionally, the demonstration had been scheduled for a short period of time, which happened to be the time period in which most of the CACFP monitoring activities for the year occur. Therefore, the sponsor had little time to devote to the demonstration. The sponsor reported that, in the future, one should not conduct intensive recruiting during the monitoring period. Monitoring is very burdensome to the sponsor, not so much because of the number of providers, but because of the time it takes to travel to many of the providers.

The sponsor perceived that in order for the activities to be effective, coordination on the sponsor level must be consistent, and their time must be devoted to oversight of recruitment activities. One suggestion was to pay the outreach workers an incentive bonus for recruiting providers.

This flexibility characterized the efforts in West Virginia, with each sponsor determining activities, goals, and efforts. In essence, each sponsor was operating independently and without any State coordination.

VII. General Barrier: Lack of Awareness

Lack of awareness of the program was a significant barrier to participation among low-income providers. Every sponsor, with the exception of Ohio Hunger Task Force, conducted publicity activities during the demonstration period to address this barrier. However, when providers who enrolled during the demonstration were interviewed, 74 percent responded that they had learned about CACFP from a friend or through word-of-mouth. Furthermore, 76 percent of providers had been unaware of the program prior to the demonstration, and learned about the program during the demonstration period, when media and publicity activities were occurring. This appears to contradict the sponsors' reports.

Morgantown and Mercer County in particular reported that their media activities were very successful, and all of the sponsors reported that personal contact and outreach were effective. This seeming contradiction may be more a factor of the providers' perception and recollection, rather than the actual effectiveness of the publicity. The providers reported that they heard about the program two ways, through word-of-mouth or from a friend. However, word-of-mouth was reported to be when a friend or relative heard an announcement on the radio, read an article, etc. and then told the provider about the program. Similarly, a friend who knew of the program could have told them about it, but often the friend was actually their outreach worker. In some cases, the providers may have viewed the outreach worker not as a sponsor representative, but more as a friend, because so many of these workers were based in the community. Sponsors reported that being friendly and based in the community were important in the effectiveness of outreach workers, further supporting this interpretation.

The sponsors reported that personal contact was crucial to enrolling new providers. In all types of outreach and publicity activities, it was stressed that a friendly and personal approach were the most effective methods. Personal contact, either by a friendly outreach worker or a relative or friend, seemed to be the most important factor.

Appendix C

Summary of Study Methodology

The low-income FDCH demonstration was conducted in six demonstration sites. FNS approved the demonstration proposals and monitored the demonstrations. The evaluation compared pre-demonstration data provided by FNS and collected from demonstrators with post-demonstration data collected after the demonstration was concluded on September 30, 1991. Post-demonstration data were collected in January and February of 1992 with followup continuing through June of 1992.

The post-demonstration data were gathered primarily through site visit interviews and mail surveys with demonstration participants as described below:

- **Personal interviews** with telephone followup with representatives of the New Mexico and West Virginia State Agencies, and the sponsors[1] that participated in the demonstrations in these states. These were ZIA (formerly Valencia Counseling) and Big Brothers/Big Sisters (now called Connections) in New Mexico. In West Virginia sponsors interviewed were Catholic Community Services in Morgantown, Mercer County Economic Development Corporation in Bluefield, Central Child Care in Charleston, and River Valley Child Development Center in Huntington.

- **Personal interviews** with representatives of the Ohio Hunger Task Force and the Planning Council, and **telephone interviews** with Greater Nashua Child Care and the D.C. Office of Early Childhood Development.

A sample of providers was drawn at each sponsor site. The sample was drawn in consultation with the demonstration sponsors to assure that sampled providers represented the range of providers recruited. FDCHs were selected so that they were no more than about two hours apart by car, and data collectors reported that they conducted interviews in remote areas, as well as in towns and cities. Sponsors provided interpreters to accompany data collectors in site visits with Native American and Hispanic providers. Although the sample was not drawn in controlled scientific fashion, it is believed to reasonably represent the range of types of providers recruited in the demonstration. For each demonstrator, at least 10% of the providers recruited through the demonstration were included in the study. The total sample of 50 providers represents 64 percent of all providers recruited by the demonstrations.

Families of all children cared for by the sampled providers were asked to complete a brief mail survey form. Exhibit C.1 on the next page shows the total number of FDCH providers in each demonstration, and the number that were sampled and interviewed. It also shows the number of families surveyed and the number of responses received.

[1]Although personal interviews with the New Mexico sponsors were planned, inclement weather during the site visit resulted in the interviews being conducted by telephone.

Extensive efforts were made to determine the accuracy and consistency of information obtained in the pre- and post-data collection. Comparisons were made between information supplied in the grant applications, Quarterly Reports submitted to FNS and the post-demonstration data provided by demonstrators. Substantial effort was required to obtain participation data for the target areas. Since sponsors did not routinely track sub-areas of their sponsorship, it was difficult for many of them to track and report the requested information. It was evident that some degree of estimation was used in determining numbers of providers and children. The numbers contained in this report were reviewed with FNS and confirmed with providers. They are viewed as reasonable, although they may not be completely precise.

Participation data and parent survey responses were summarized with spreadsheet software. All other data were summarized in tabular and narrative forms.

Exhibit C-1: FDCH Provider and Parent Samples and Responses[2]		
Category	**Target Area Providers**	**Target Area Parents**
Ohio Hunger Task Force		
Demonstration FDCH Population	Total = 32 West = 32 East = 0	
Sample	West = 10	West = 24
Respondents	Total = 10 West = 8 East = 2	Total = 19 West = 15 East = 4
Planning Council		
Demonstration FDCH Population	*	
Sample	10	31
Respondents	10	24
New Mexico		
Demonstration FDCH Population	Total = 81 ZIA = 31 BB/BS = 50	
Sample	Total = 15	39
Respondents	Total = 15 ZIA = 7 BB/BS = 8	Total = 31 ZIA = 12 BB/BS = 19
West Virginia		
Demonstration FDCH Population	35	
Sample	15	38
Respondents	Total = 15 Charleston = 5 Mercer Cty = 5 Morgantown = 5	Total = 31 Charleston = 12 Mercer Cty = 10 Morgantown = 9

* It was not possible to determine accurately the number of FDCHs that were recruited through the demonstration.

[2]Number of providers reflect the number of new homes claiming meals at the end of the demonstration.